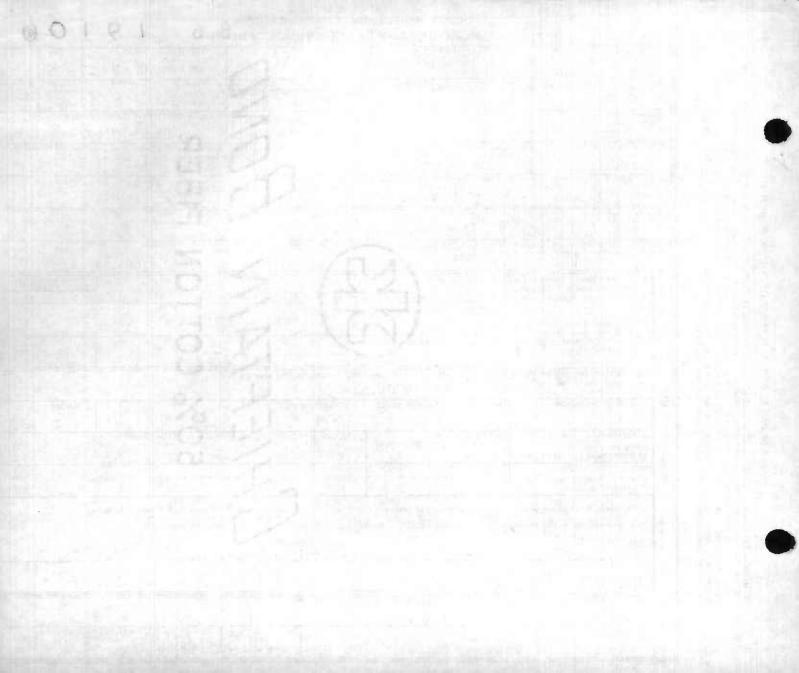
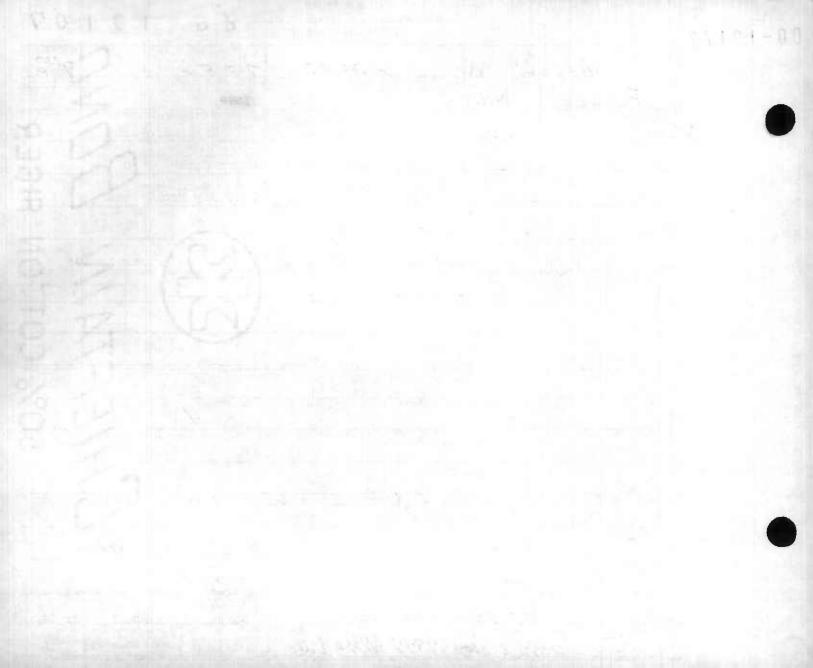
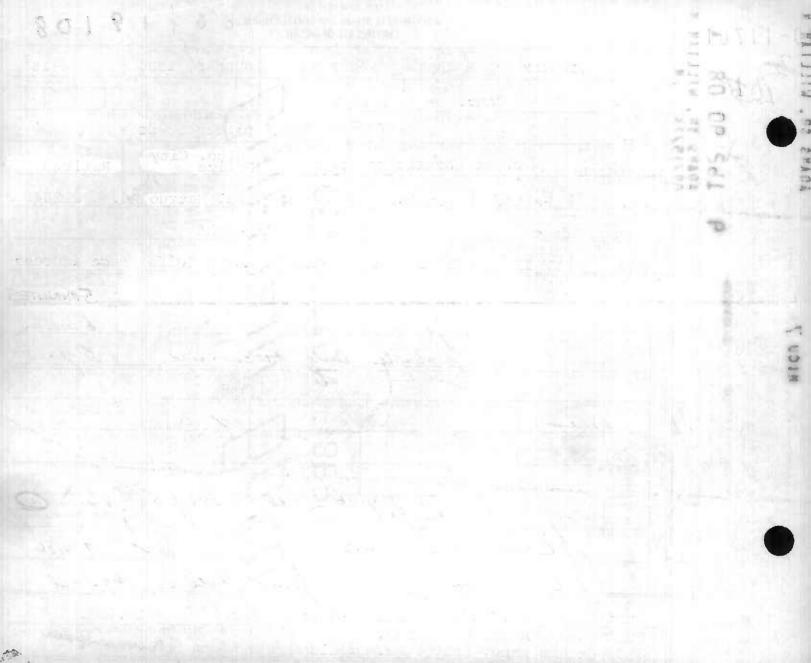


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	RE, MD.	14.年	ATHER'S NAME			15. MOTH	ER'S MAIDEN NAME		-				
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11 34	A CRAIN	CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPERA		24503						
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	ME BELL		death resulted from.	latural causes	Accident, Suic	ide . Homic	cide . Undeter	mined manner,					
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	ZESZE"		SIGNATURE 6	(en	1	M.D. Assi	stant_MEDIC	AL EXAMINER	DATE SIGNED	7/28/	/86		
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	PAGE PAGE AFTE BALI	23a Bi	IRIAL CREMATION REMOVA		23c. NAME OF CEMI	ADDRESS_							
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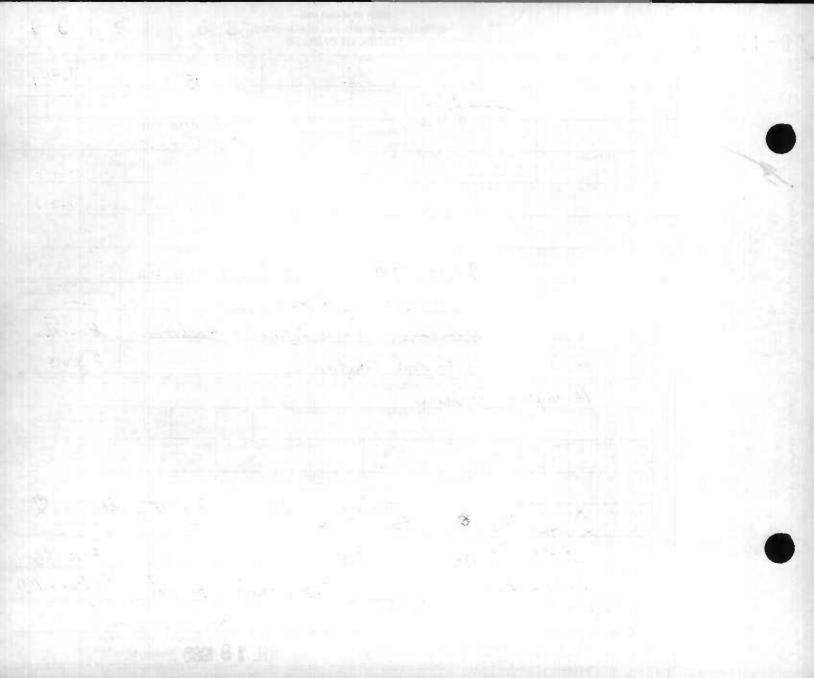




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L RECORDS,		has been permit.	ws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	HOPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO 12						
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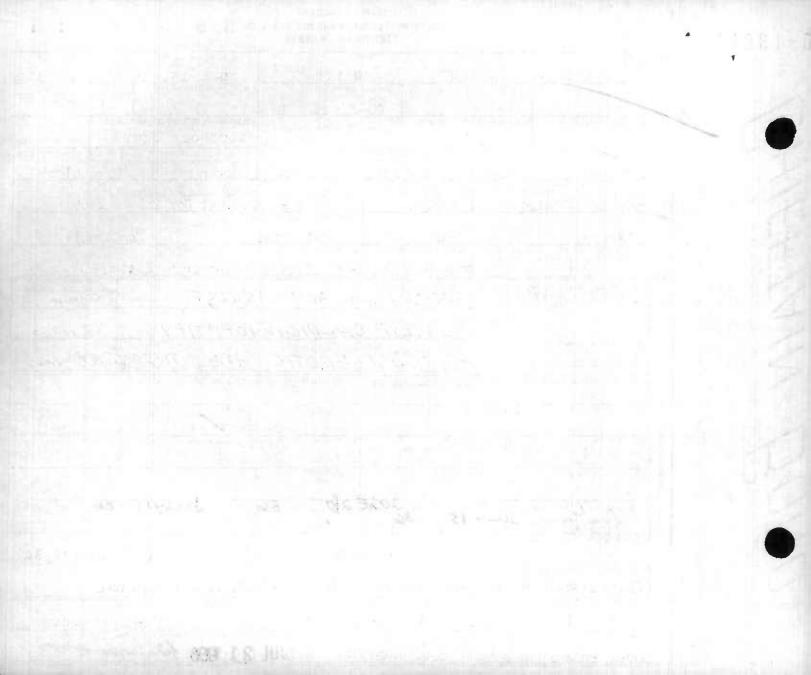
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AAI A	certificate urial-transi	9	-	OR CONTRIBUTING CAUSE OF DE	AIM	DAY YEAR					
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OR de	Dep	# #e		ILL SIGNATURE	W Vernon		MA ATTENDING	_ MEDICAL STA		-	
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he law ran. in has bee if permit iene prio	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR V	HICH OPERATIO	N WAS PERFORMED	YES NO	206 IF YES, W IN CERTIFYIN YES [VERE FINDINGS USED NG CAUSES OF DEATH?
ICIAN: TI g physicic entificate rol-transit ntol Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)
ottending er this c s the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE, FARM ETC)	21f LOCATION STREET	CITY OR TO	NWN	COUNTY STATE
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TO HOSPITAL TO FUNERAL should be determined with the State I		228. PHYSICIAN'S NAME (TYPE OF CHARLTON)	A. WILSON,	m.D.	JOHNS H	OPICINS F	(OSPIT	AL
5 5 5 ₹ 3 ₹ 4		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR		ADEC (E REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATURE
(VRA 15, 4)		Newnam Funeral	Home Eas	ston Mar	yland JUL	21 1986 4	totia Devi	don Dandoses

STATE OF MARYLAND



DHMH - 16 60M 7/84

(SPECIFY)

(VRA 15, 4)

TUNERAL DIRECTOR FUNCTAL HOME, INC. ADDRESS UT GWYNNS Falls Pkwy. Baitimore, Maryland

BURIAL

7/28/1986 CEDAR HILL CEMETERY

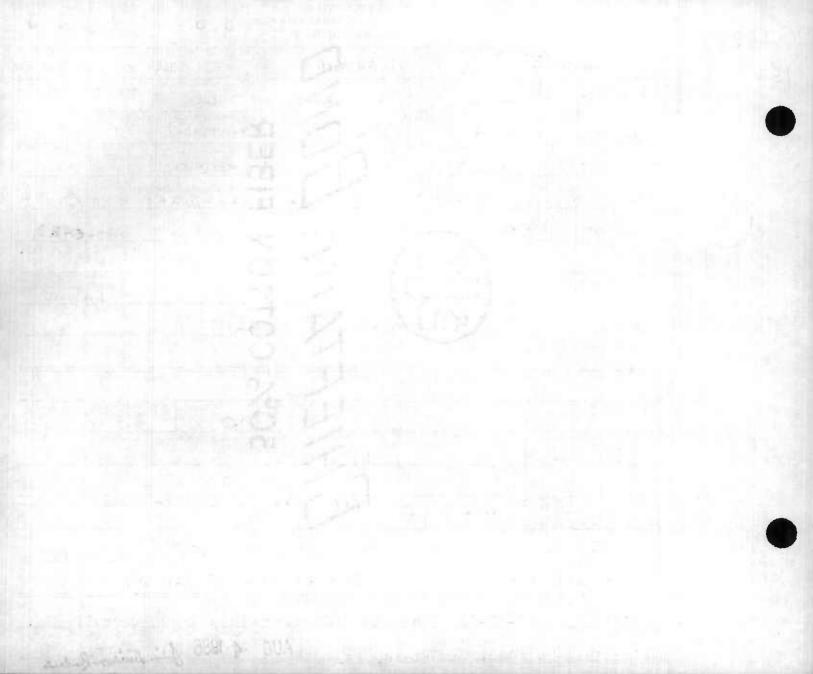
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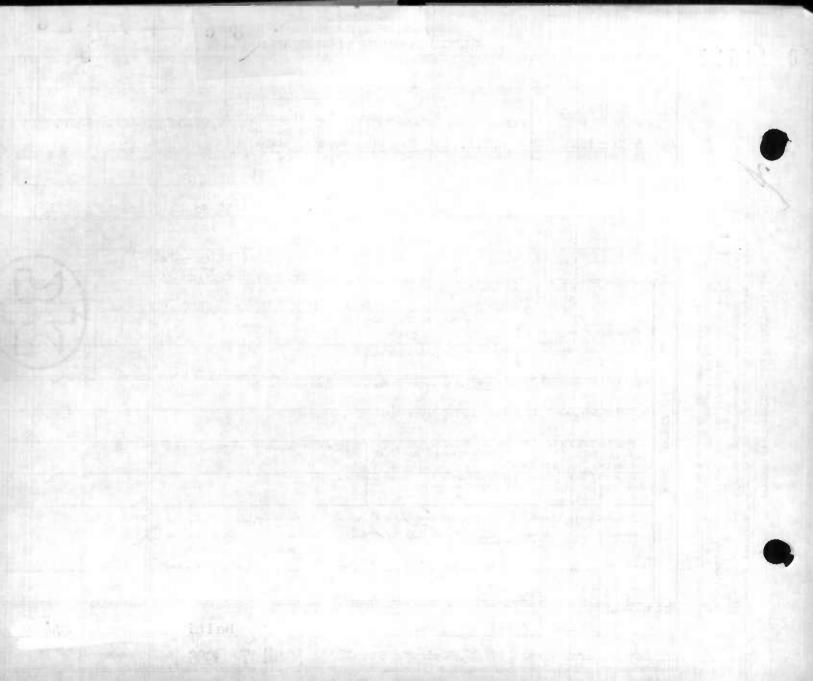
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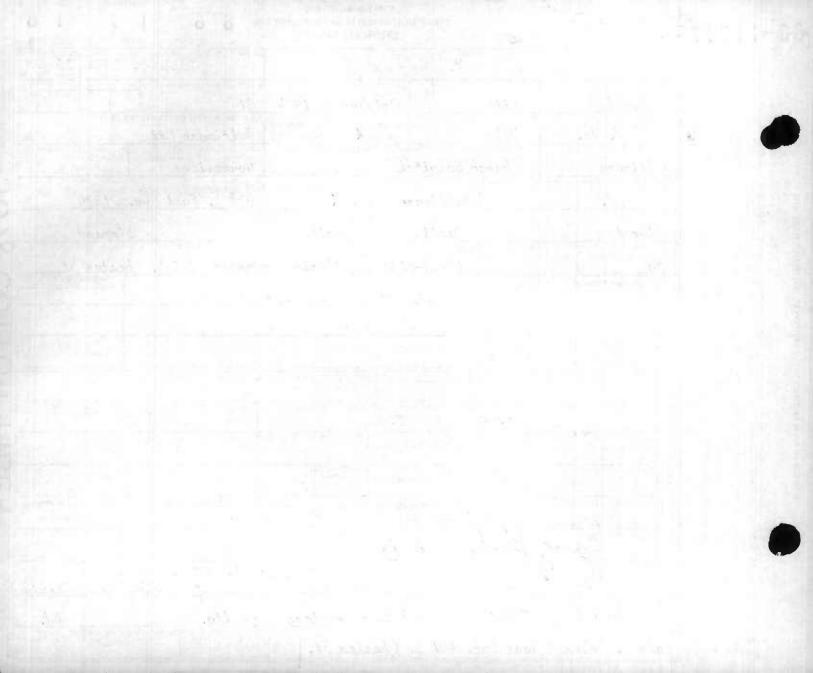
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	II	tems 13-151	per phone	STATE OF MARYLAND		
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	1.	REGISTRAR	(ERTIFICATE OF DEATH	REG. NO.	
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TI	1, 58			DATE OF BIRTH /	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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13 44 3		22d. PHYSICIAN'S NAME LITTE OR PRI	NI)	PHYSICIAN [DIRECTOR PHYSICIAN	10/20/86
HOSPI Druned by Politike S Politike		Julie Gor	shon MD	Cinni Hac	2. Boltimore	Md. 21215
5 5 5 5 3	23a	BURIAL, CREMATION, REMOVAL 2		E OF CEMETERY OR CREMATORY	23d LOCATION	
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	24 F	UNERAL DIRECTOR	5.1	25n DAT	E REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		SINM!	HOSPITADORESS 2	40/W. BELVEDER	DE 1986 V.	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN MONTH YEAR 26 HOUR CTYPE OR PRINTS Richard Alston 1086 DEATH MATED 3. SEX 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 3:36 YEAR LAST BIRTHDAY) PRONOUNCED Male Black 1919 DEAD 1086 P 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRYL WIDOWED & North Carolina U.S.A. DIVORCED Baltimore City 126 USUAL OCCUPATION (TYPE OF WORK 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY 3952 South Clare Baltimore SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3952 South Clare Rd Maruland Baltimore NO [] 21213 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Turner Alston Doria 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (IrvingtonDDRNJ) Jeanette Mayo 37 Highland Terrace No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HY BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMCI Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NON 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection XX 226 I certify that I took charge of the remains described above, held an Autopsy Natural causes X death resulted from Hamicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Mount Zion Cemetery Burial 7-4-86 Baltimore 07/84 25M 24. FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR Lis Newidow - Randalle **DHMH - 17** Baileu Funeral Home 1348 N. Calhoun St. 21217 (VR A15 ME (5))



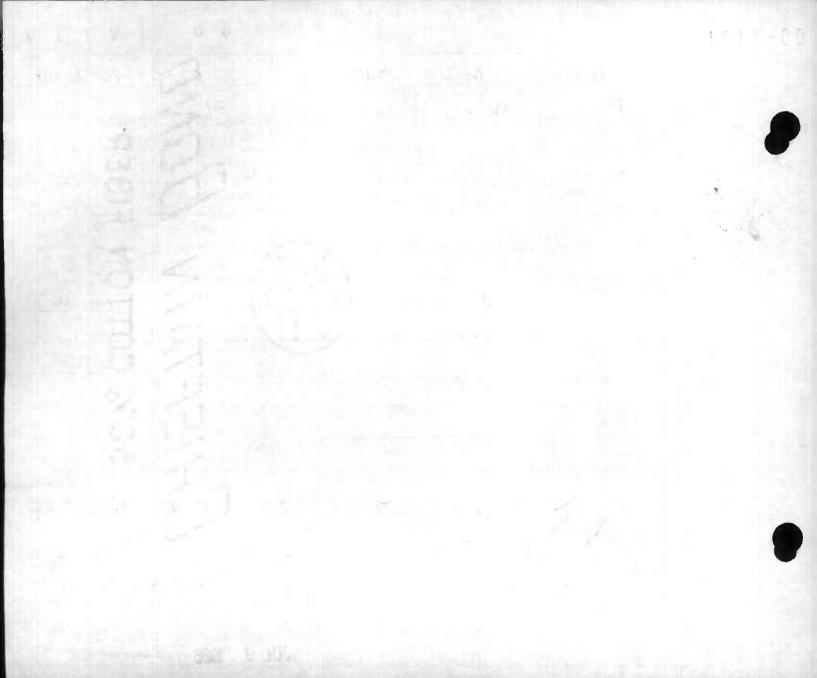


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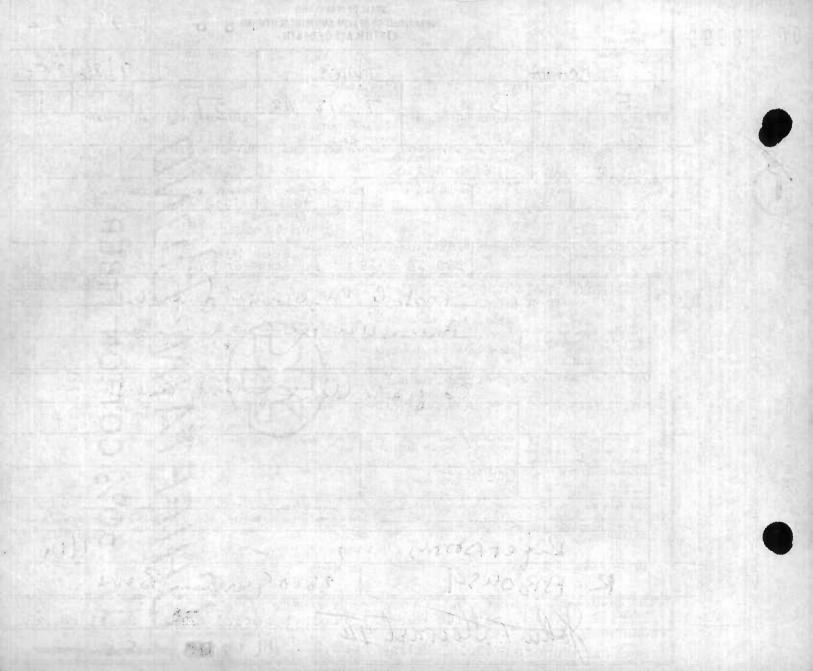
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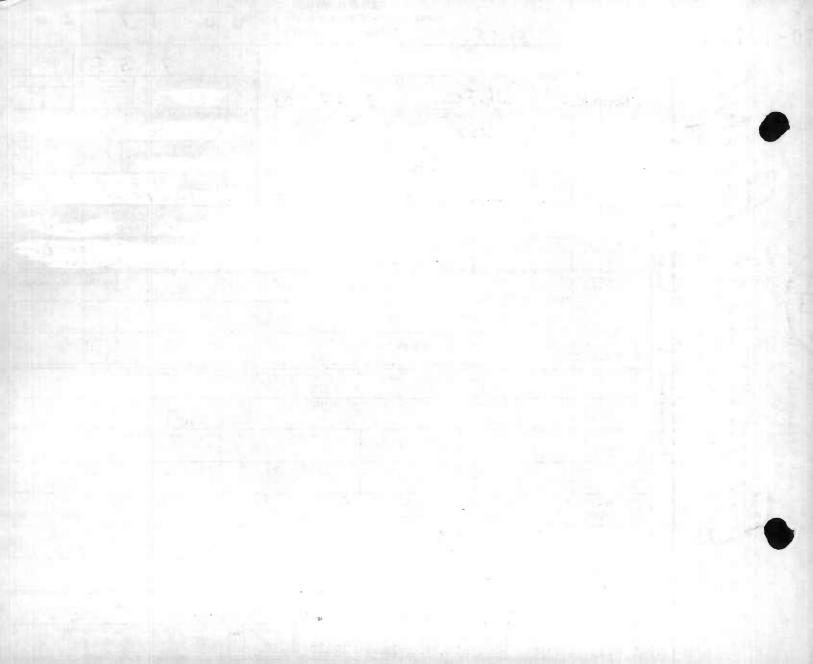
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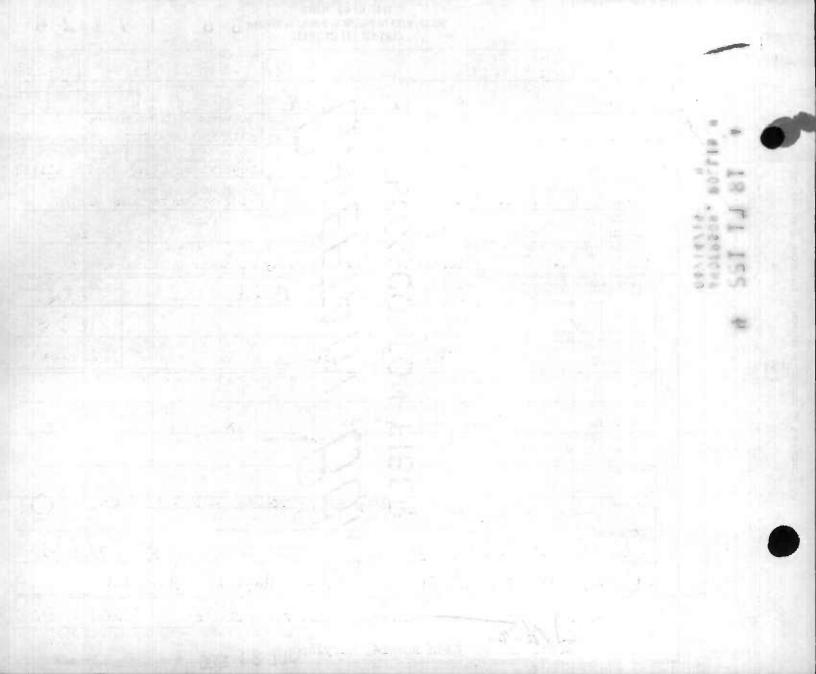
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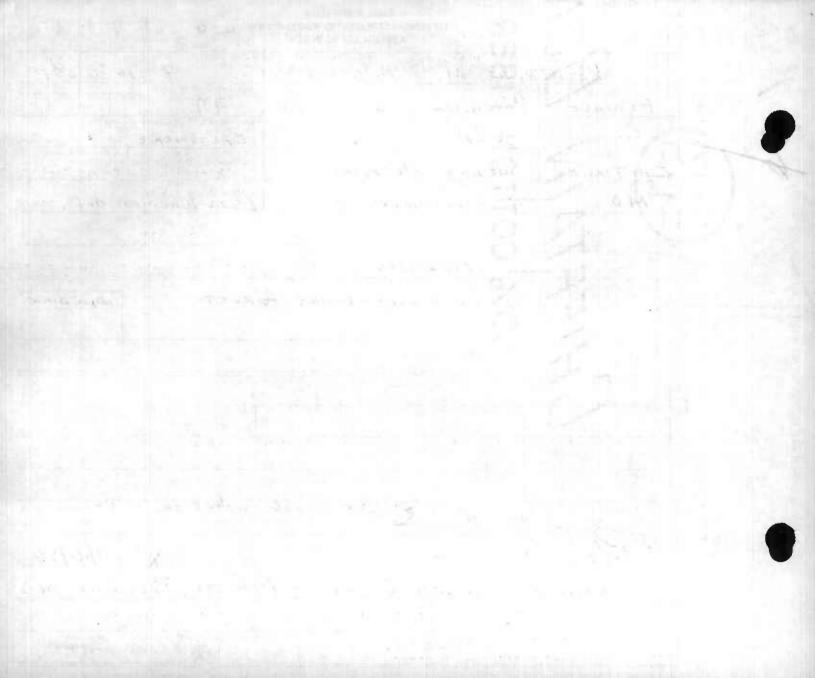
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William Shipp Sarah J. Richard ADDRESS 77 Cool Breeze D 106 WAS DECEASED EVER IN U.S. ARMED FORCES? 107 WILL ASSOCIAL SECURITY NO. 217-54-4584 Mary E. Bewersdorf Balto., MD. 2127-54-4584 Mary E. Bewersdorf Balto., MD. 2127-4584 Mary E. Bewersdorf Balto., MD. 2127-4584 Mary E. Bewersd
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136 BORIAL CREMATION, REMOVAL 136. DATE 136. NAME OF CEMETERS OR CREMATION COUNTY STATE
BP Burial 7/19/1986 Oak Lawn Cemetery Baltimore Maryland
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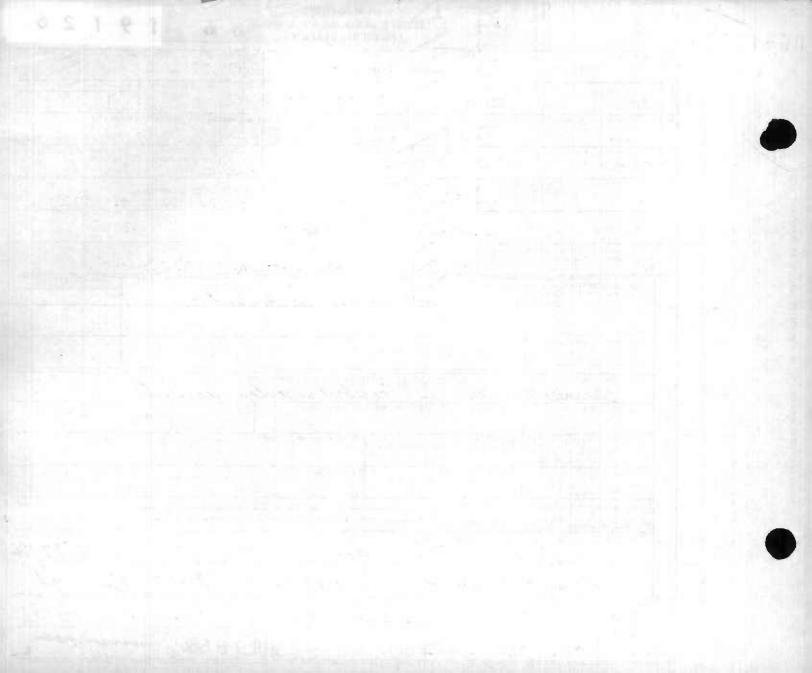


STATE OF MARYLAND



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or 4	3.56	FEMALE	CAUCASION	5. DATE OF BIRTH MONTH DAY YEAR OG	79	MONTHS DAYS HOURS MIN.
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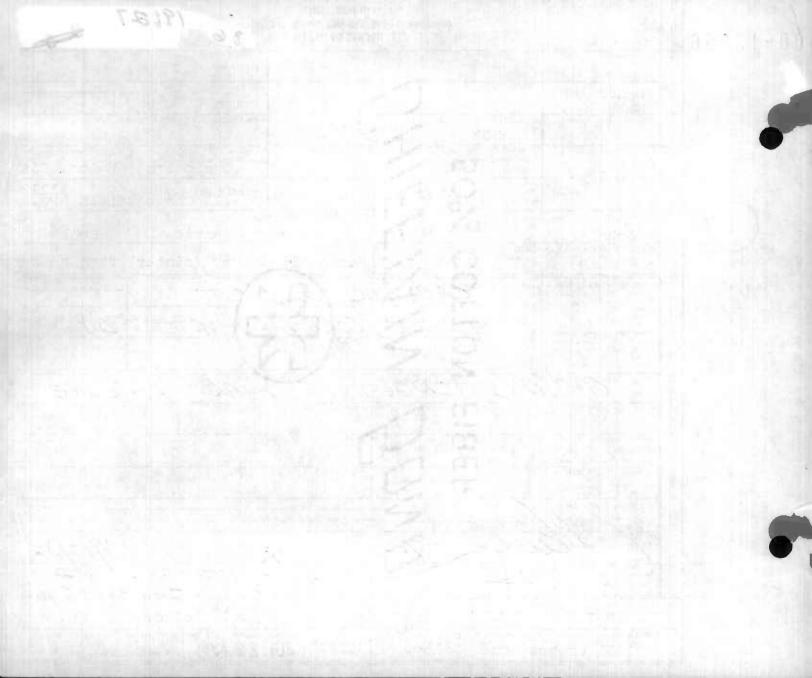
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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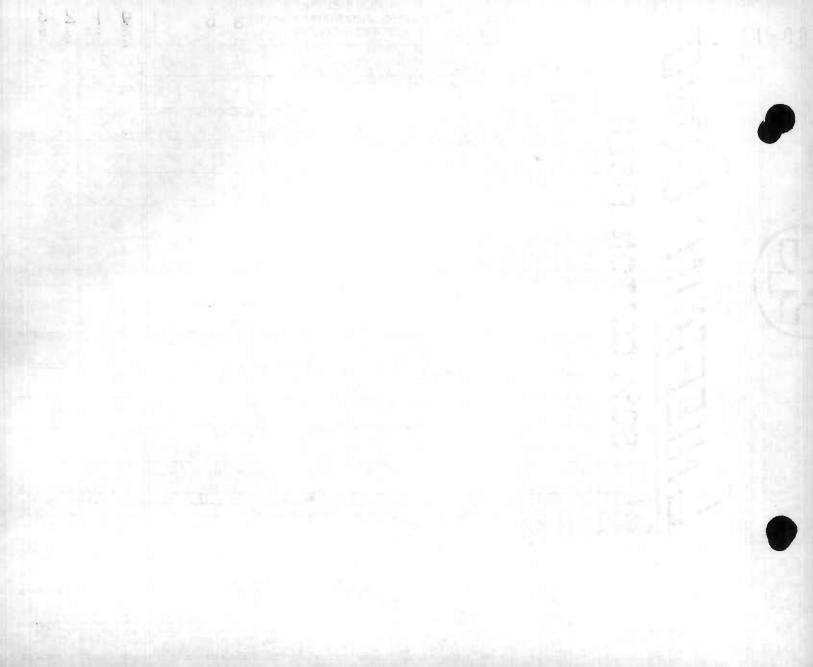
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	3. SE)	(4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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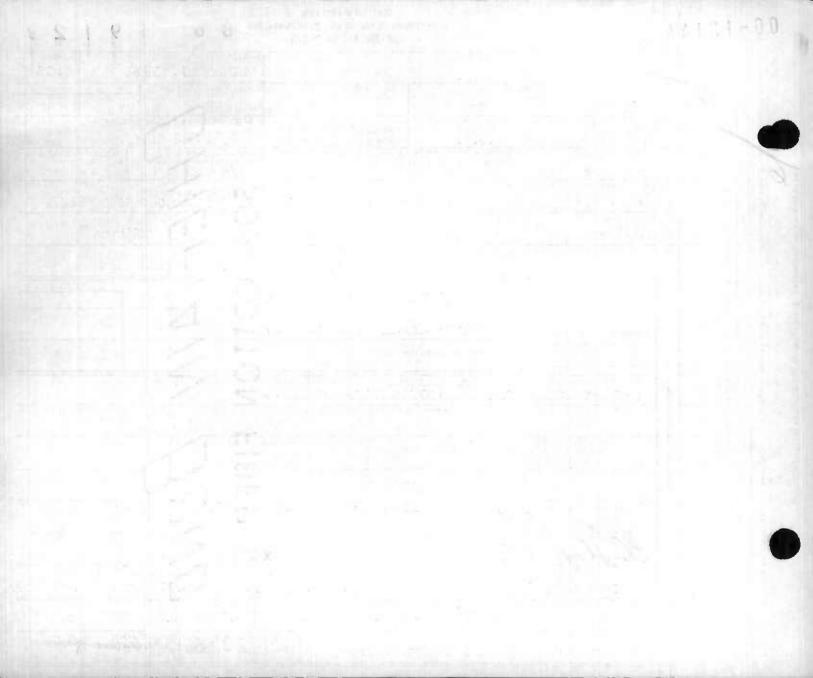
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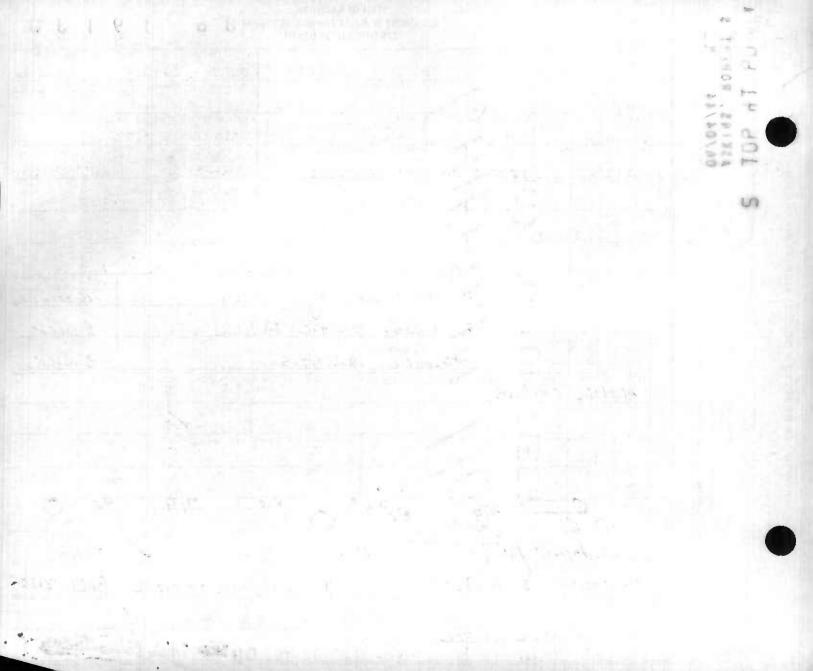
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gned the place of		PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	NDITION GIVEN II	N PART Ito	
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O HOSPITAL		Dr. J. Dix				3501 St. F		Balto., N	MD 212	18
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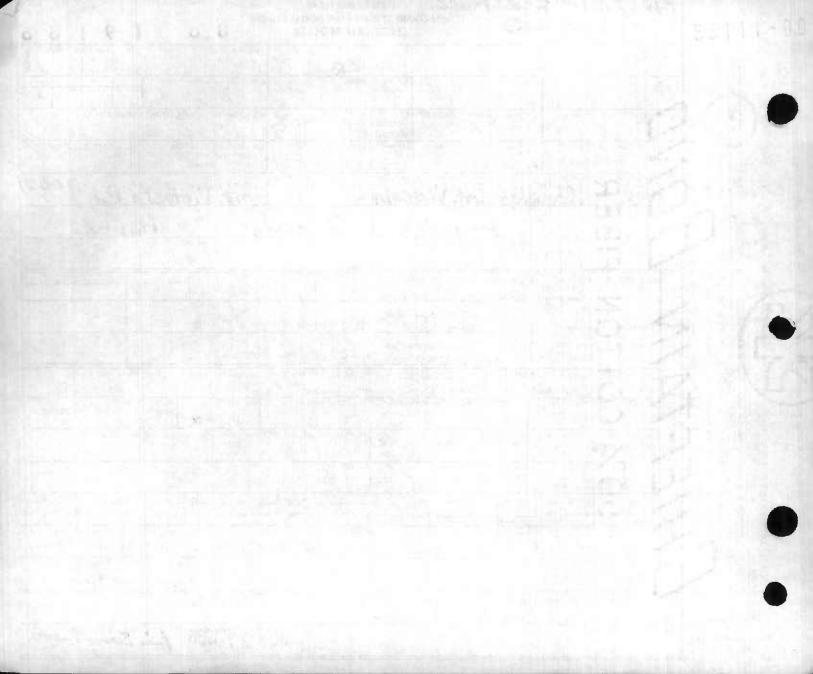
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33		BALTIMORE			PKINS I	HOSPI	TAL	(TYPE OF WORK	FOR MOST OF WORK	(ING LIFE) INDUST	N/A
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signed hen ple o burio jury, or	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO E	DEATH BUT NOT	RELATED	THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PAR	1.1(0)
prior d	CERTIFICATION	190 DATE OF OPERATION	195 CONDITA	ON FOR WHICH	OPERATION WA	S PERFORM	NED	20a AUTO		IF YES, WERE FIN	NDINGS USED ISES OF DEATH?
of the post	E							YES 🗌	NO	YES 🗌	NO 🗆
rans Hyg 18 sh	CE	210. ACCIDENT WAS UNDERLYING		INJURY . MONTH DA	Y YEAR 21c	ULNI WOH	RY OCCURR	ED (ENTERNA	URE OF INJURY IN ITE	MIQ PARI I OR PARI	(2)
tentol the Hear	N N	OR CONTRIBUTING CAUSE OF DE	LAIN .		19						
g × 5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF			LOCATION			CITY OR TOWN	COUNTY	STATE
ked	3	WHILE NOT WHILE AT WORK	(AT HOME, STREE	1, FACTORY, OFFICE, F.	AKM, ETC.)	JINEE'				1	31776
a olth		22e I certify that (I) (this has	oitg) ottended the	deceased from_	711		19 7		111	19 7	L that (I) (we) last
H H S		sow the decessed afive o above, (I) (we) (gid) (did n			, and that	in (my) (of	r) opinion	death occurred	on the date on	d hour and from	the causes stated
D C E		22b. SIGNATURE	ot) view the body of	lter deoth.	DEGRE	FF				72¢ D.	ATE SIGNED .
defoch ofe De UT. If It			Jai	Loan	m	ATT PH	ENDING A	MEDICAL DIRECTOR	STAFF PHYSICIAN		+/12/1
should be deto with the Stote (MPORTANT: If		22d PHYSICIAN'S NAME CLYPE	OR PRINT)	AM.	00 7	ADDRESS 1	Yn	1 1	Ku T	Our bak	NO 21
5 % 3 X	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	123, N	IAME OF CEMET	FRY OP COL	MATORY	123d LOCA	TION	-W 101	111111111111111111111111111111111111111
		(SPECIFY)						CITY	DRIOWN	YIMUOD	STATE N
	24 F	Burial UNERAL DIRECTOR	hara 18	, 1980 Me	adowridg	e Men	25e. DAT			Howard EGISTRAR'S SIGN	Maryla
50M 4/83		NAME 97.	Heorye;	Hozabii	-		811	I I	100C	LOISTRAK 3 STOF	NATURE
15, 4)		Singleton Fune	ral Home	Glen Bu	rnie, Ma	arylar	id VV	L = 1	1300		

STATE OF MARYLAND



1369	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	1 9	138
oy be depth depth		OR PRINT) Bee	WIDDLE		KLOR	July 1,		26 HOUR 10:15A _M
ge 4 may	3 SE)	FEMALE	4 RACE WHITE		DF 81RTH 9, 11906 YEAR	6. AGE (IN YEARS LAST BIRTHDAY	YRS IF UNDER	TYEAR IF UNDER 24 HRS. DATS HOURS MIN.
450		RTHPLACE (STATE OF FOREIGN /	76 CITIZEN OF WHAT COUNTS USA	MARRIE WIDOW	D NEVER MARRIED	Baltimore of Baltimore		MD.
48	10 CI	Baltimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE ST MARY LAND	SING HOME (SEET ADDRESS) SENETAL	OR OTHER INSTITUTION Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWIFE		IND OF BUSINESS OR USTRY AT HOME
1	136 S	AL RESIDENCE (IF NURSING HOME OR TATE ARYLAND	OTHER INSTITUTION GIVE RESIDENCE BE NTY 130. CITY OR TO BALTI		13d INSIDECITY LIMITS? YES X NO X	3715 CLARKS	CADE APT.	A #21215
U	14 FA	THER'S NAME SIMON M	IAYER B	ANK	15 MOTHER'S MAIDEN NAM	MI GOLDA		^{LAST} BANK
the death certificate be effective and the attending physician and remove carbon papers. Pages, emotion, or removal.		18 CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE	ly ane cause per line far (a), (b), D 8Y: TE CAUSE (a) Acute DUE TO, OR AS A CONSE	4-087/ ond ic myocar DUENCE OF ary art	dial infarctions disease	CEDAR PL.	BAKE	OF TUIDO APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
has been signed by a permit. Then please ene prior to burial, or aws any injury, or ath	CERTIFICATION	PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION June 11, 198	CONDITIONS CONTRIBUTING Emphy: 196 CONDITION FOR WH	TO DEATH 80'SEMA, f	racture of le	ft hip [200 AUTOPSY? [20b	IF YES, WERE	ART 110
ECTOR. After this certificate by differ use as the buriol-transit me of Health and Mental Hygier me of Health and Mental Bishoot me of the miles from the control of the mean	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 certify that X (this hasped some the deceased alive an above. N (we) (did) (did Accessed)	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI home	19 CE, FARM ETC 1	Solve to Subject for STREET ST	ane 86 to July 1	cour 19_8	STATE MD 6 , that (we) last arm the causes stated
ordined by the hosp that the force of the with the Stock of the with the Stock of the with the Stock of the month of the with the stock of the stock		22d. PHYSICIAN'S NAME ITYPE OF TIMOTHY LO		-m	DEGREE CENTIFICATION APP ATTENDING PHYSICIAN [22e ADDRESS C/O Maryla	MEDICAL STAFF DIRECTOR PHYSICIAN nd General Ho.	6/1	DATE SIGNED
15	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	JULY 2,1986		EMUNAH	23d. LOCATION BALTIMORE	COUNT	MARYLAND

SOL LEVINSON & BORS., INC.

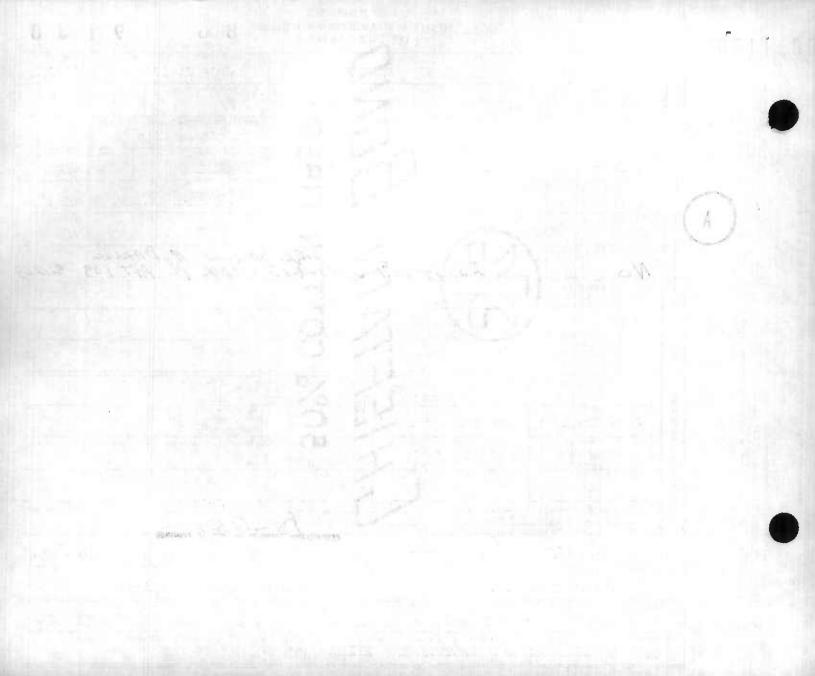
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6010 REISTERSTOWN RD. BALTO., MD

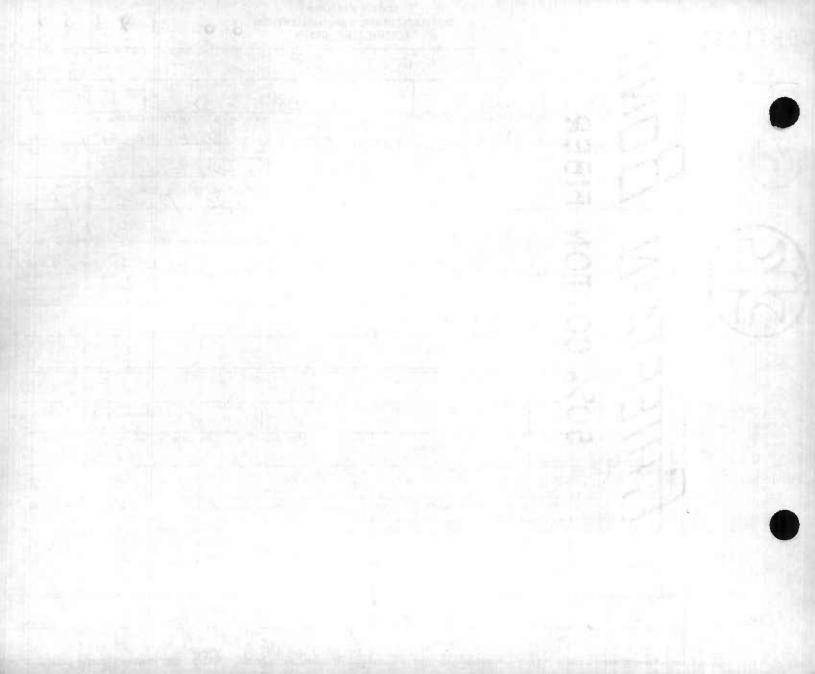
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR



	1			STATE OF MARYLAND		. 101 25
0-11658	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	9 3 9
8 8 8		CEASED NAME PIRST ROBE	MIDDLE	Baldwin	20. DATE OF DEATH MONTH	PAY YEAR 26 HOUR .
Andrew de la Company	3. SE		Black	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 58 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
71 11 70		RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT	. / .
(M) 1 34	10 €	Saltimore	1. NAME OF HOSPITAL, NURSIN THOY IN SUCH FACILITY, GIVE STREET DON SECOND	AG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR
	USU 13a	AL RESIDENCE (IF NURSING HOME OF OT STATE MAN 136 COUNTY		E ADMISSION) 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	Fulton Are
maletely of 12 sh	14. F/	THER'S NAME FIRST MILL FIRST MILL MILL MILL MILL MILL MILL MILL MIL	Burh	15. MOTHER'S MAIDEN NO	AME	Baldwin
BALTIMORE, 1016 be executed by Special or 100 by 10		VAS DECEASED EVER IN U.S. ARMI	WAR OR DATES)	JRITY NO. 17 INFORMANT 07350 Barbara (areen 231 N	· Fulton Aue
the second		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	Meta.		cacinoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON SI he death cert he ottending emove corbor motion, or ret r troumatic ex		Conditions, if ony, which	DUE TO, OR AS A CONSEOU			
Se the cree		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF		
RDS, 201 equires the signed to Then pleo r to burial, injury, or a	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	minal disease or condition gi	VEN IN PART TIO
he low re no hos been permit ows ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
ON OF VITA TYSIC IAN. TH TYSIC IAN. TH Secrificate Burnol-tronsit Mental Hygic or Item-48 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	
d d d d d d d d d	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR FOWN	COUNTY STATE
R ATENDING hospital or att RECTOR. After hed for use as the sept of Health or		22a I certify that (I) (this haspital saw the deceased alive on above, (I) (we) (did) (did not)	112 19	D.C.	n death occurred on the date and had	19, that (I) (we) last ur and from the causes stated
the D		27b. SIGNATURE	Come body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	224. DATE SIGNED
TO HOSPITAL of HOSPITAL of February by the should be deto with the Store LIMPORTANT.		22d PHYSICIAN'S NAME (TYPE ORP	1 4	22e ADDRESS		
PP			23b. DATE 23c	NAME OF CEMETERY OR CREMATORY OF COMMETTER OF COMME	23d LOCATION CITYOR TOWN Whiteville	COUNTY STATE N.C.
DHMH - 16 60M 7/84		UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	
(VRA 15, 4)	IAI G	arch Funeral Home	e west 4300 Wa	bash Avenue	JL 8 1986	A Dadson



10-12143	1-	STATE REGISTRAR			DEPART	CERTIF	ICATE OF DEATH	GIENE 8	6 REG. NO	D.	9 1	4	
		EASED NAME	FIRST		MIDDLE	ı	AST	20. DATE O	FDEATH	MONTH	DAY YEAR	2h HOU	R;
sy be age 3 death	TYPE	OR PRINT }	Marg	aret	Alice	В	alzer	July	6,	1986		8	A .M
may parter d	3 SEX			4 RACE		S. DATE C		6. AGE IN	YEARS LAST BIRT	(HDAY)	IF UNDER I YEAR	IF UNDER	MIN.
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2 to 3		THPLACE (STATE OR F	OREIGN :		WHAT COUNTRY?	MARRIE	D NEVER MARRIED X			_	OF DEATH	199	300 3
		Ohio	()	US.		WIDOWE	D DIVORCED		Ltimo		nds.		MD.
8 100		altimore	TH	(IF NOT IN SU	HOSPITAL, NURSII CH FACILITY, GIVE STREET Gorsuch	ADDRESS)	DR OTHER INSTITUTION	LITYPE OF WOR	occupation west of the comments of the comment	F WORKING LIF	17b. KIND O INDUSTRY	F BUSINE	SS OR
AND 212	130 S	L RESIDENCE (# NURS TATE Md.	13b COUN		GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS? YES 🗽 NO 🗌		ADDRESS A	ZIP CODE	Ave.	212]	8
1 101	14 FA	THER'S NAME	٨	AIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE	3	LAS	ī	12.1
A PADA		Bernar	đ		Balzer		Rosa		Lee			eth	
MORE reserve		AS DECEASED EVER ES. NO OR UNKNOWN) NO		WAR OR DATES)	213-34		Margaret	Sebly	2219 (NI	SSWes	t Ches		Ave. 228
hat the death c by the attendir as remove carl it, cremation, or r ather traumatif.		Conditions, if ony, gove rise to imm couse (a), statin underlying cause	nediote g the	(b)_	OR AS A CONSEQU								
gned an ple burio	_	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CON	DITION GIV	EN IN PART 110		
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AL RECO	CERTIFICATION	190 DATE OF OPERA	ION	196 COND	OITION FOR WAICH	1 OPERATIO	N WAS PERFORMED	200 AUT	NO [IN CERTIF	, WERE FINDIN YING CAUSES S		H?
SICIAN: TI ng physicia certificate orial-transit ental Hygi		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	AUSE OF DEA	In .	DE INJURY .M., MONTH D .M.,	AY YEAR	216 HOW INJURY OCCUP	RED (ENTER N	ATURE OF INJUI	RY IN ITEM 18 P	ART 1 OR PART 2)		
DIVISION ING PHYSIS Where this ce of the burinth on of the burinth on or the burinth on or the defent the one or the or t	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY		ZII LOCATION	, ,	CITY OR TO	wn	COUNTY	5	ATE
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by the hore by the hore by the hore be detached State Dept		274 PHYSICIAN'S N	ALC WIE (TYPE OF	eas)	6000	/-	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAP	F IAN []	72. DATE		5
HOSI anned Pould b		Dr.	Hard	old Bo	b		The state of the s	Park	Heig	hts	Ave.		

STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

230 BURIAL, CREMATION, REMOVAL

Burial

Burial 7/10/86 Good Shepherd 14 FUNERAS WHITE THE FUNERAL HOME INC. 3331 Brehms Lane, Balto. Md. 21213

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

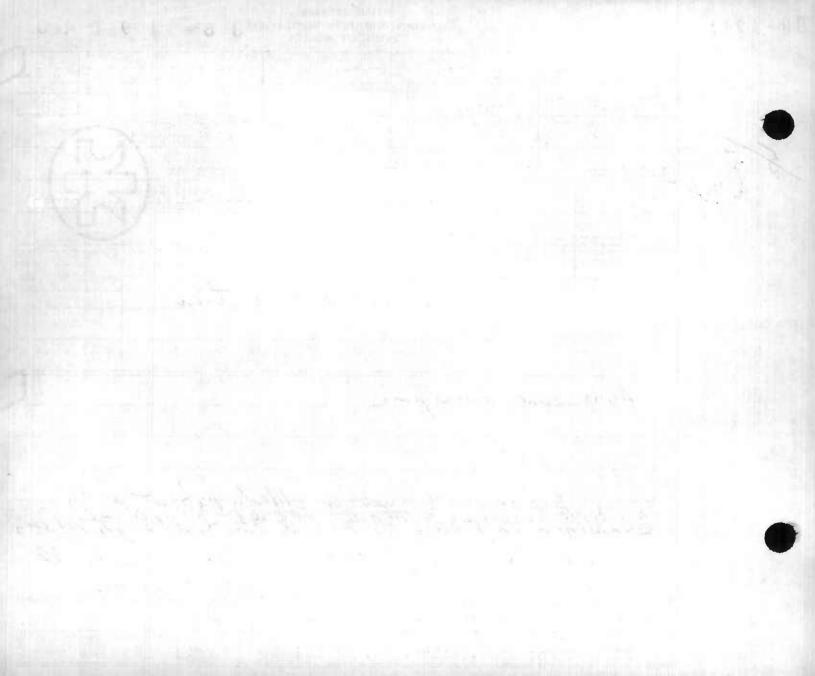
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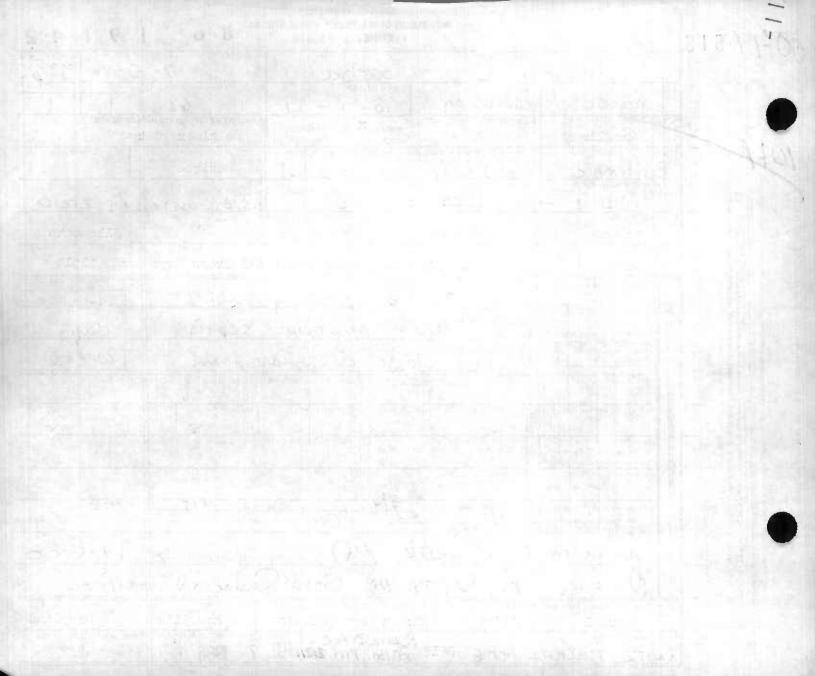
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR PREG. NO I DECEASED NAME EIRST LAST 26 HOUR BANKS. JULY 17. 1986 HOWARD 8:12P A. SR. 4 RACE & AGE LIN YEARS LAST BIRTHDAY) IF LINGER I YEAR 3 SEX 5 DATE OF BIRTH IF UNDER 24 HRS. YEAR MALE 1914 BLACK 11 24. RIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY PENNSYLVANIA DIVORCED U. S. A. WIDOWED BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE TRUCK LOADER USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 2566 W. LAFAYETTE 13a. STATE 13b. COUNTY 3c CITY OR TOWN 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE AVE. BALTIMORE. MARYLAND 21216 15 MOTHER'S MAIDEN NAME 田 14. FATHER'S NAME MIDDLE LAST FIRST MIDDLE FIRST GEORGE OSCAR BANKS ELLEN ZEEN LISBY BALTIMORE, 6n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADD FREDERICK ROAD (IF YES, GIVE WAR OR DATES) 5 YES WW II 220-22-5992 HOWARD A. BANKS, JR. BALTIMORE, MD. 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH X 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) 団 PART I DEATH WAS CAUSED BY Intractable nows 0 IMMEDIATE CAUSE (o 田 2 E hours Conditions, if ony, which 54 gave rise to immediate SM cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO O. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ovular + Cosonary Heart m NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 0 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH 国 LIFETHER NOTIFY MEDICAL EXAMINERS PM Z 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 1 CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) Z NOT WHILE 0 Z 20 saw the deceased alive an abave, (I) (we) did) (did not) view the bady after death , and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 国 226. SIGNATURE DEGREE 22r. DATE SIGNED S ATTENDING MEDICAL hould be with the State L DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Johns Hopkins Hospital 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BP. BURIAL 7/22/1986 ARBUTUS MEMORIAL PARK BALTIMORE, MARYLAND 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 MUTTER OR SONS FUNERAL HOME, ADVINC. DHMH - 16 60M 7/84 runa Davidson-1 2501 GWYNNS FALLS PKWY. BALTIMORE. MD. 21216 (VRA 15, 4)

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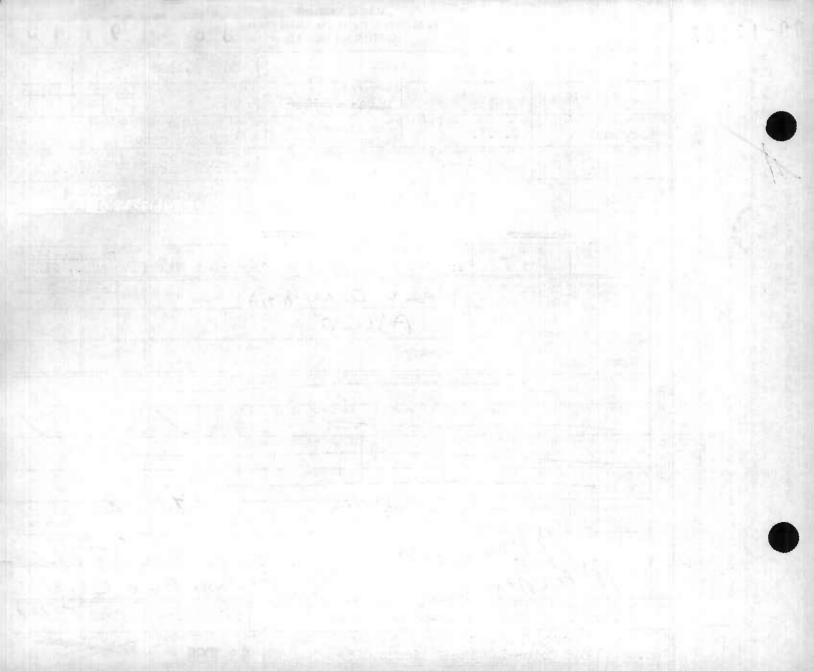
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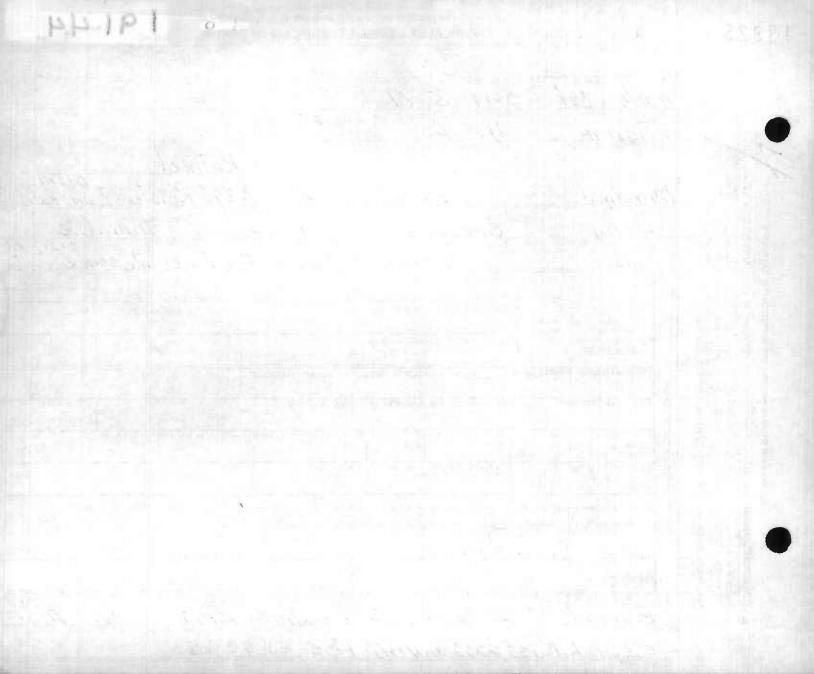
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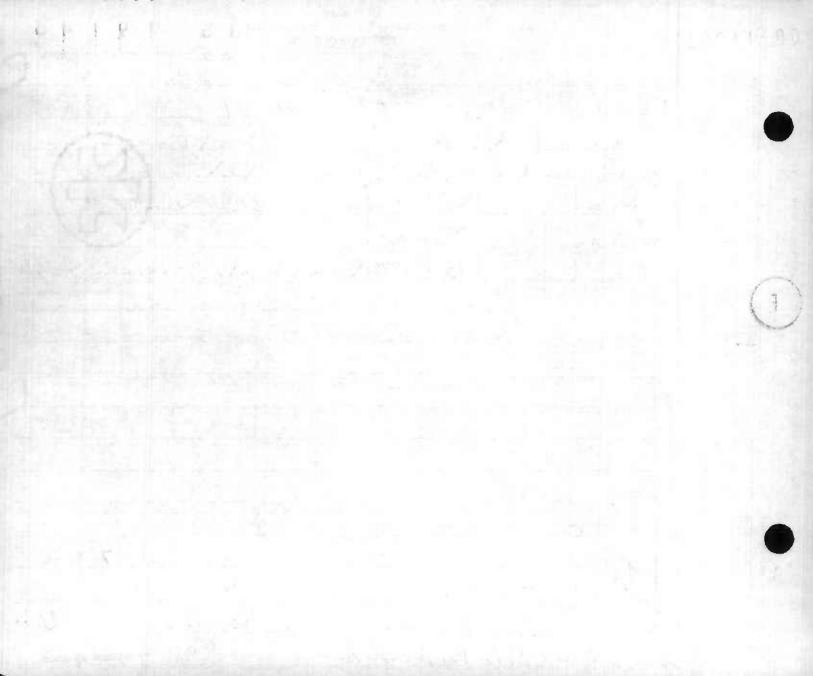


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00-	-1211	37	1	FOR 7/23/8 STATE REGISTRAR	6 rja		DEPAR		ICATE OF DEATH	YGIENE 8	6 REG. NO.	1 9	1 4	4 3
				CEASED NAME	FIRST		MIDDLE	9	AST		DEATH MONTH	DAY	YEAR 26	HOUR .
	nay be page 3		1111	Wil:	liam d	J Bark	er			July	5,1986			
	pod boo		3. SE	X	14	RACE		S. DATE O	OF BIRTH 3/3/10	6. AGE (IN YE	RS LAST BIRTHDAY]	IF UNDER	I YEAR IF	UNDER 24 HRS
	ctor,			Male	B10	White		Marc	ch 4, 1910 R	76	Y	MONTHS (RS.		JURS MIN.
	4 92	· Ce		IRTHPLACE (STATE OR FO	REIGN 7		WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMOR	E CITY OR COL	UNTY OF DE	ATH	
	.//	5.)		Maryland		U.S.A.		WIDOWI			more Ci	ty		MD.
-	1 11	Pala	10 C	ITY OR TOWN OF DEAT	н 1	1. NAME OF H	HOSPITAL, NURS	NG HOME	OR OTHER INSTITUTION	12a USUAL O		12b. 1		JSINESS OR
24	1 13	6/1]	Baltimore	P. E.	Garden	Village	Nursin	g_Home	Retire	d Guard	ING LIFE) INGL	.S.F.	& G
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DIVISION OF VIT	AN: Shys	28.5		210. ACCIDENT WAS UNDER		HOUR A.		AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATU	RE OF INJURY IN ITE	M 18 PART I OR P	ART 2)	
0	SKCI ng p	ltem	₹ O	(IF EITHER NOTEL MEDICA	LEXAMINER)	P./	Μ.	19						
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2	of the state	n or hou	-	AT WORK AT WORK			/	10	11.		761.	_	-	
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	ATTE DSpito DSpito d for	21		sow the deceased above, (I) (we) (did	alive an_	Mew the body	after death	0 0	d that in (my) (aur) opinia	n death accurred	on the date and	hour and fro	m the cous	es stated
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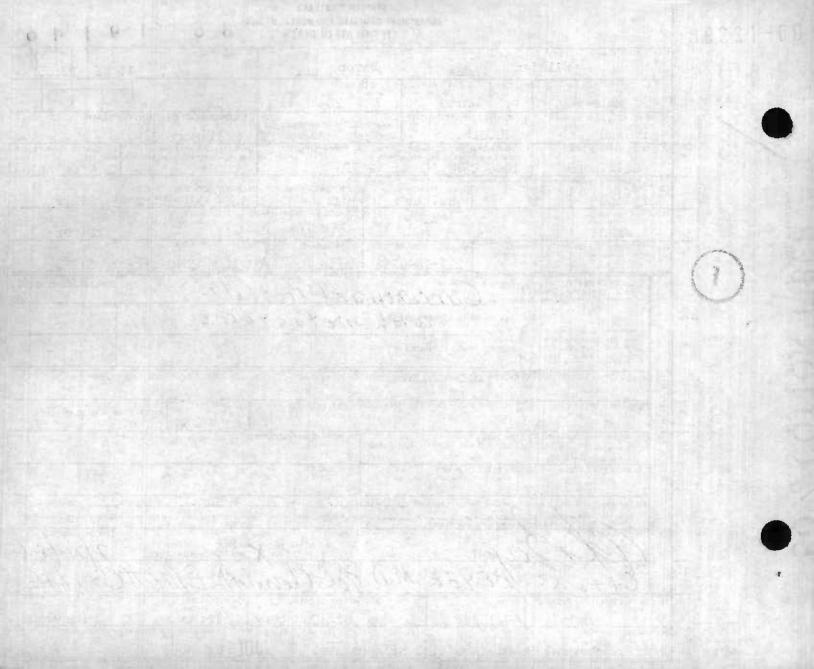


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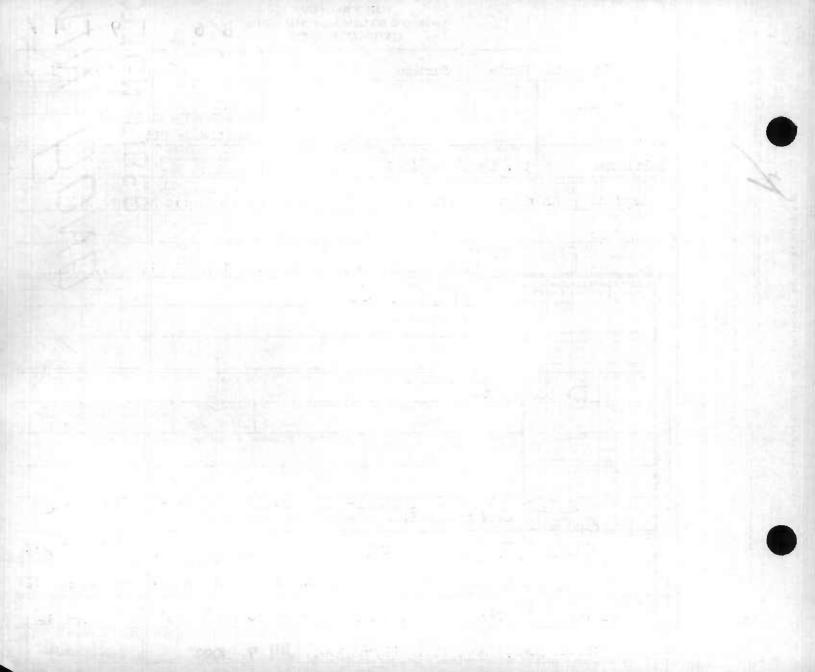




		FOR		DED 4 DEN		OF MARYLAND	IFAIF		
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		CEASED NAME FIRST	n teleseon	WIDDLE	ı.	AST		MONTH DAY	YEAR 26 HOUR
nay be page 3	LIABE	OR PRINT) Will	iam 7	Adam	Ва	ron, Sr.		7 11 8	36 12:05P M
poor de de	3 SEX	(4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	ER I YEAR IF UNDER 24 HRS
s offi		Male	V	White	7	28 11	74	YRS.	DAYS HOURS MIN
2 30 000		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED		9. BALTIMORE CITY OF	COUNTY OF DE	HTA
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1 3 1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BUSINESS OR
5 6 6	Baltimore			Cole Stree		1.223	Pumper		nevron Asphal
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SALTIMORE, MARYLAND 212 cote be executed within 24 hour completely filled in I agent from 1 and 2 should be f	()	NO OR UNKNOWN) (IF YES, G	INE MAK OK DATES)	217-18-0	264	Marie E. Bar	on 1604 Cole	Street	21223
ALT Ore b		18 CAUSE OF DEATH (Enter of	only one couse per	me o (a), (b), and	inc ·	<u> </u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4.22		PART I. DEATH WAS CAUS	ATE CAUSE (D)	anci	nour	a of fros	4 at en		
No.		WWW. 57			RIGE RE	metasi	1-101	12-11-11	
death and		Conditions, if any, which	((b)	R AS A CONTEQUE	Th	merasi	222	2 344	
the death of the attention endings.		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQUE	NCE OF				
by by assertion		underlying couse lost.	(6)	K AS A CONSEQUE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ned pred		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERA	AINAL DISEASE OR CONE	ITION GIVEN IN	PART Ira
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir contending physicion viter this certificate has been sig as the buriol-trossit permit. Then th and Mental Hygiene prior to be the ord Mental Hygiene prior to be orked or them 18 shows any injury	CERTIFICATION	HELD BELLEVIOLE OF							
ECO OW OW OW	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
ALR hos	TIFE						YES NO	YES 🗌	NO [
VITA Nysici Cote Consi Hygi Hygi	CER	21a. ACCIDENT WAS UNDERLYING		FINJURY .M. MONTH DA	Y YEAD	214 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART TOP	R PART 2)
OF OF PARTY OF OF PARTY OF PAR	SAL	OR CONTRIBUTING CAUSE OF D	EMIN	.M.	19				
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IVIS offer the street of the s	Z	WHILE NOT WHILE AT WORK	I AT HOME, ST	REEL FACTORY, OFFICE, FA	ARM, ETC)	JINEE			
Africa Af		22a.1 certify that (1) (this bas		ne deceased from_	Augu	st 27 19 79		19_8	86, that {11 (we) lost
TTEN pirtoll for up		sow the deceased live a	Jan.	nlter denth	86	nd that in (my) (aur) opinion	death occurred on the do	te and hour and I	from the couses stated
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the Date D		111111	lesse	1		ATTENDING PHYSICIAN	MEDICAL STAF		7/11/86
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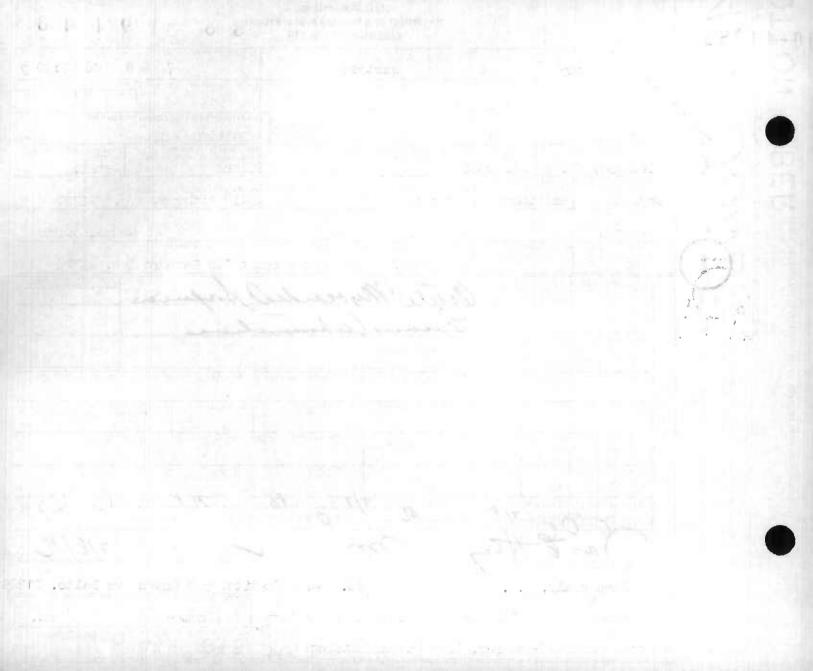
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IA I	The The	N 00 E	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME OF I	NILIRY		21r HOW IN	JURY OCCURR		NO	YES			0 🗆
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	he h			22h SIGNATURE	(tot		MI	GREE	TTENDING _	MEDICAL	STAFF		22c D.	ATE SIGN	NED OC
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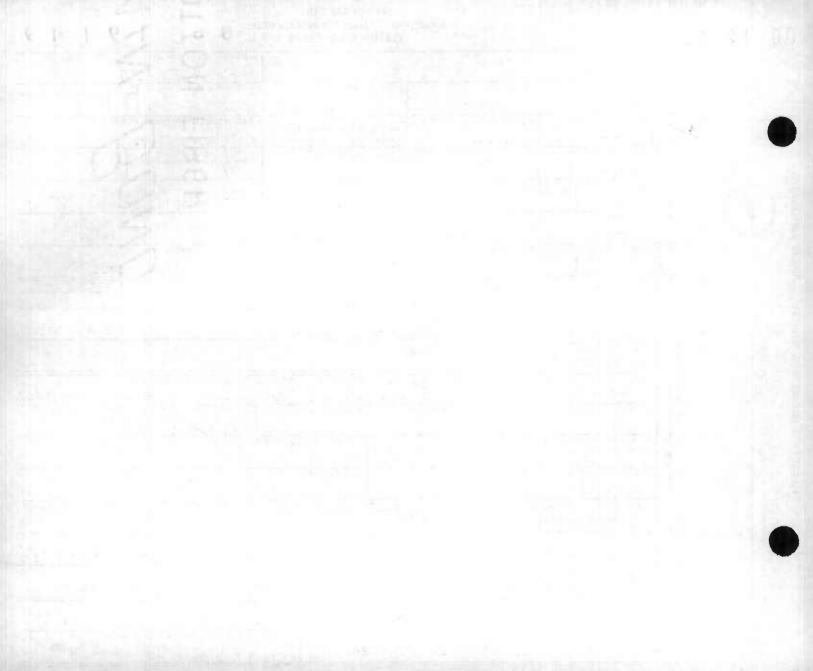


BALTIMORE, MARYLAND 21201	icate be executed within 24 hours after death. Page	The completely filled in by the funeral directors of the Foundation of the following t
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page and by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilities, filled in by the funeral directs old be detached for use as the burial-tronsit permit. Then please remove carbon pages. Pages and I should be filled within 72 hours a

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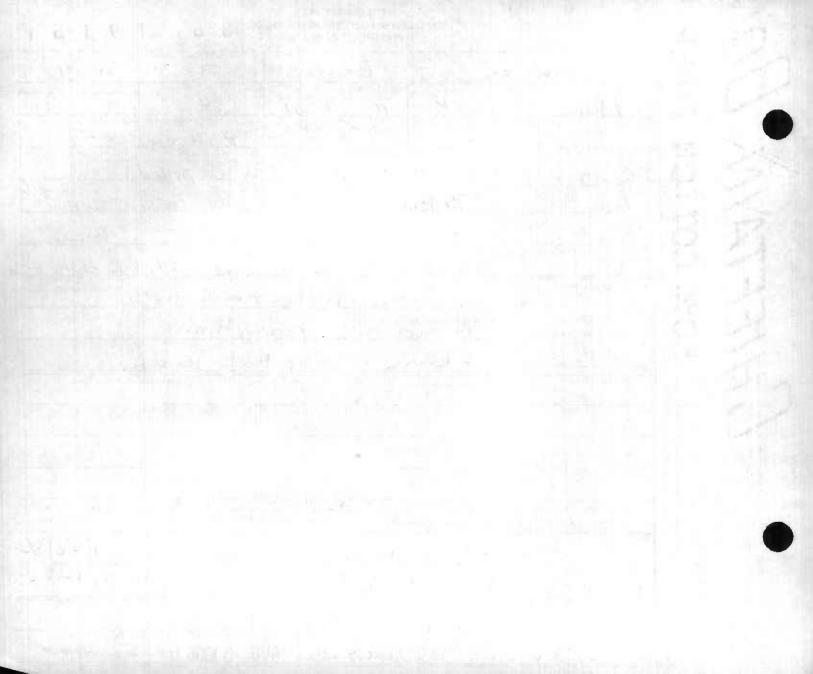
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1.	FOR STATE REGISTRAR		CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH								
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3. 55	1		4. RACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)		NDER 1 YEAR	IF UNDER 24 HR
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_	ITY OR TOWN OF DE	ATH			ING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSIN			F BUSINESS C	
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160	WAS DECEASED EVER		ARMED FORCES? 166 SOCIAL SECURITY NO.			17 INFORMANT	A	ADDRESS	110	119201	ONICZ
	YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	212-34-	9672	Norbert Barto	osz 208 S	Sanfor	d Av	e. 21	228
	18 CAUSE OF DEAT PART I. DEATH V	TH (Enter onl	y one cause per	r line for (a), (b), a	nd ici /n	2-	0/				IMATE INTERVAL ONSET AND DEAT
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AL CERTIFICATION	gove rise to im couse (a), stori underlying couse PART 2. OTHER SIG	which mediate ng the e lost. NIFICANT CI	DUE TO, O (b) DUE TO, O (c) ONDITIONS CO 196 COND 216. TIME C HOUR A.	ONTRIBUTING TO	DEATH BUT		200 AUTOPSY?	20b IN C	IF YES, W ERTIFYIN YES	ERE FINDI	NGS USED OF DEATH?
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR LAST 20 DATE OF DEATH DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) poge 3 ELIZABETH BEAN EVA 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH DAY YEAR 25 1891 FEMALE WHITE YRS BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Maryland WIDOWEDT DIVORCED Baltimore City 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Homemaker St. Agnes Hospital Baltimore BALTIMORE, MARYLAND 217 13e STREET ADDRESS / ZIP CODE 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 2704 Washington Blvd. Baltimore YES X NOF Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDIE MIDDIE FIRST Adams E. R. Springer Lena Lewis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 2704 Washington Blvd. NO 219-26-2591 A. Brent Bean APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY: PRESTON ST. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 **IFICATION** 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE 2-27 76 that (1) (we) lost 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on obove. (I (we) (did) (did not) view the body after the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED 27h SIGNATURS DEGREE ATTENDING MEDICAL STAFF 16 7/27/86 PHYSICIAN DIRECTOR PHYSICIAN ROSTANT 22e ADDRESS 13s BURIAL CREMATION REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY INFECTED. Maryland BP. 7/31/86 New Cathedral Cem. Baltimore 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 34 FUNEVAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. DHMH - 16 60M 7/84 (VRA 15, 4)

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NIG	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201)
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IDECTOR. After	IDECTOD. After this certificate has been stoned by the attending physician and completely filled in by the funeral director page 3	1
hed for use as t	had for use os the burial transit permit. Then please remove carbon popers. Pages on please filed within 72 hours after death	J
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 19750 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH FIRST MIDDLE 2b HOUR TTYPE OR PRINTS Joyce Alvin Bearden 3. SEX DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR Male White Oct. 19 1903 82 TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY S.C. U.S.A. WIDOWED DIVORCED Baltimore NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION & CITY OR TOWN OF DEATH 126 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Professor University Baltimore City The Union Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Balto. 214 Lambeth Rd. 21218 Md. YES 🔀 NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Haley vester Bearden Annie Joseph ADDRESS 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 220-30-2873 Dr. Alan Bearden Berkeley, Calif. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause Ial, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY ō CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC.) orked WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated July 28 sow the deceased alive on July 28 above (1) we) and did not view the body after death 226 SIGNATURE DEGREE ould be detach the State De ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE CITY OF TOWN STATE Lorraine Park Balte. Entombment 7-30-86 Md. 4905 York Rd. 250 DATE REC'D BY REGISTRANS SEGISTRAN'S SIGNATURE DHMH - 16 60M 7/84 Henry W. Jenkins & Sons Co., Balto., Md. (VRA 15, 4)

STATE OF MARYLAND

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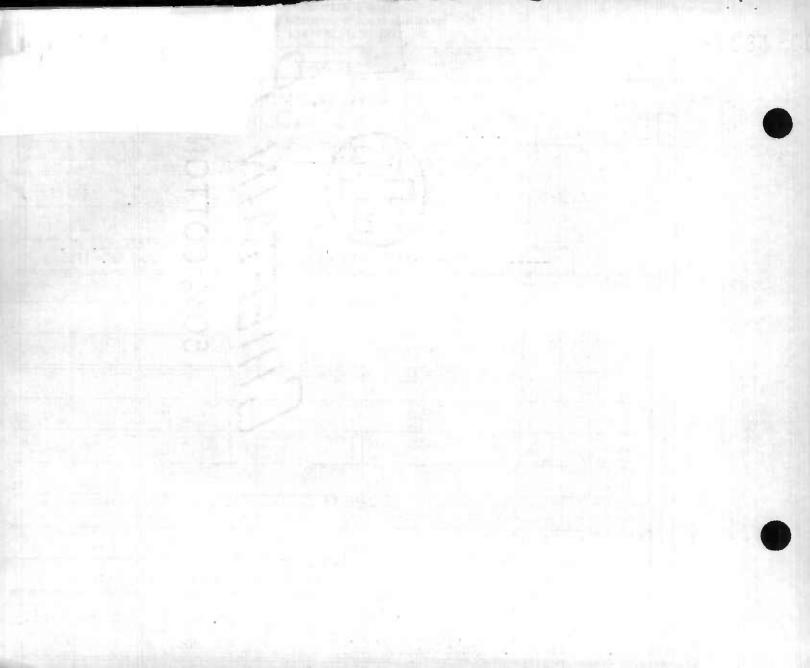
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

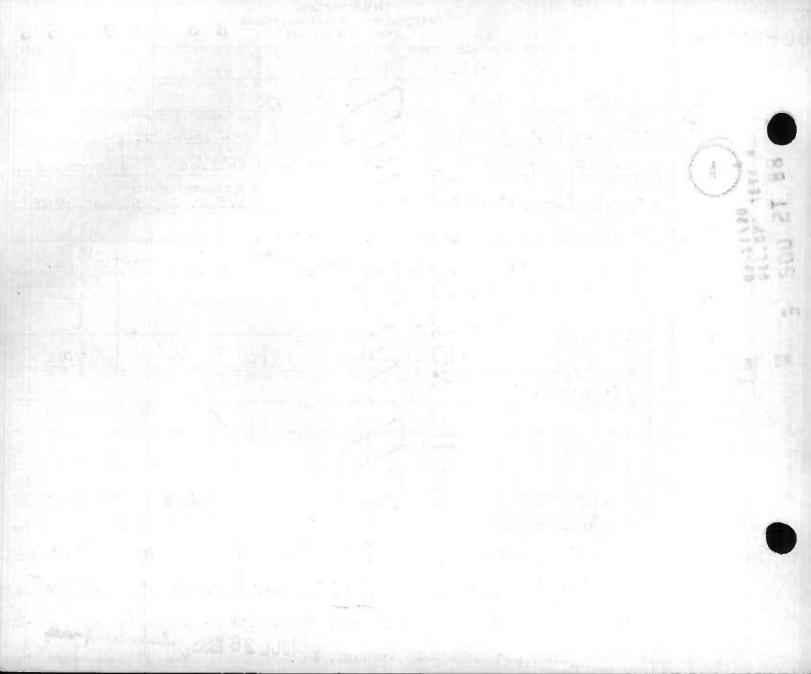
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16	WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY I 02-10-183		incent Urba	itis 9 Engl	Baltim ewood 1	ore, Mi Rd. 212	210
	18 CAUSE OF DEATH lenter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	OTROPHIC A CONSEQUENCE A CONSEQUENCE	OF	FRAL SCLE	20515		APPROXIMA BETWEEN ON	ATE INTERVAL NSET AND DEATH
MOITA DISI	PART 2 OTHER SIGNIFICANT ON NONE 190. DATE OF OPERATION NONE 210. ACCIDENT WAS UNDERLYING		IBUTING TO DEATH			200 AUTOPSY?	20b. IF YES, V	VERE FINDING	
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE THERE NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M.	MONTH DAY	19 211	HOW INJURY OCCUR LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
	270. I certify that (I) (this hosp saw the deceased alive or abave, (I) (we) (did) (did no 27b. SIGNATURE	JUL 19	19 86	JUN, ond the DEGR	EE ATTENDING	death accurred on the d	FF		IGNED
	224 PHYSICIAN'S NAME (TYPE OF MILMOT C.			22e	JOHNS HOPK	INS HOSPITAL		nore, M	D 21205
	BURIAL, CREMATION, REMOVAL	7/24/86	St.	Banaf		23d LOCATION CITY OF TOWN St. Clai		Pennsyl	
1 L	eroy M. & Russel	mondson Ave. L C. Witzk	Catonsvill re Funeral	e, Md. Home	21228 25a. DA	TE REC'D. BY REGISTRAN UL 2 3 1986	25b. REGISTRA	R'S SIGNATU	REndam

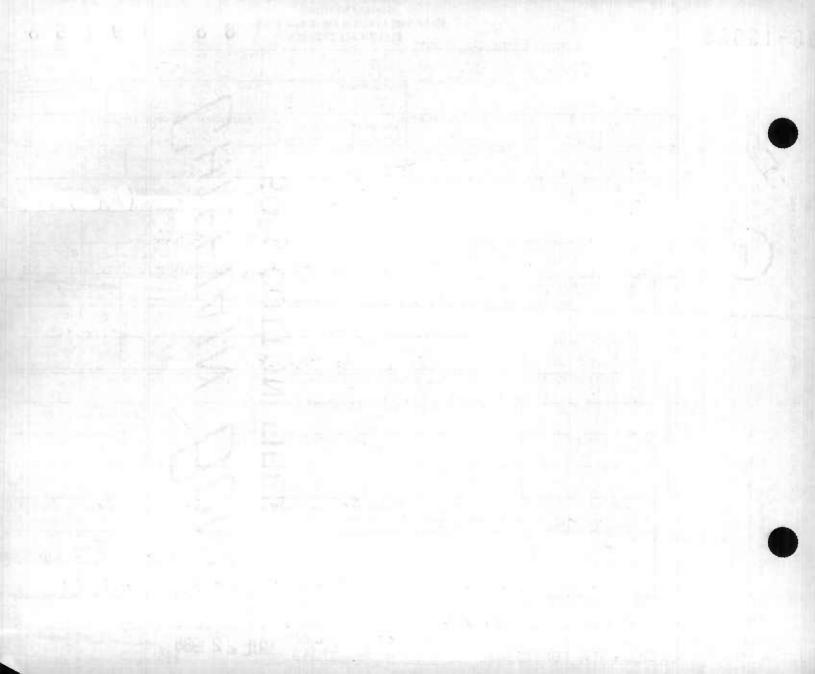
DHMH - 16"60M 7/84 (VRA 15, 4)



	FOR			STATE OF MARYLAND			
00-13500	1 - STATE REGISTRAR		DEPAK	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 6	1	9 1 5 5
00 13330	1. DECEASED NAME	FIRST	WIDDIE	LAST	REG. N		YEAR 26 HOUR
ay be	(TYPE OR PRINT)	JEAN	Jenkins	BECTON	JULY 2	27, 198	6 12:10A
a bog	3 SEX	4. RA	CE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY) IF UN	DER I YEAR IF UNDER 24 HRS
1 95	Female		Black	Sept. 21, 193	0 55	YRS	HS DAYS MOURS MIN.
الله الله الله	BIRTHPLACE (STATE	OR FOREIGN 76 CI	TIZEN OF WHAT COUNTR		9 BALTIMORE CITY		DEATH
	Marietta		U.S.A.	WIDOWED TO DIVORCED	BALTIMO		MD.
· CA	BALTIMOR	E TH	E JOHNS HO	PKINS HOSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST Retired	OF WORKING LIFE) IN	which of business or whoustry Wyeth Lab.
	Penna.	NURSING HOME OR OTHER 131 COUNTY Lanca	INSTITUTION, GIVE RESIDENCE BEF- 130. CITY OR TO Ster Marie		13e STREET ADDRESS		99999
10 101	14. FATHER'S NAME	MIDDLE	1AST	15. MOTHER'S MAIDEN NA	ME	ad nm	EEU 17.347
1 3511/20	Frank	MODIE	Walla		S		Makle
BEIB	(YES, NO OR UNKNOWN	VER IN U.S. ARMED I	OR DATES)	CLIDITY NO. 12 INFORMANT .	ughter) ADD	Mariet	17547 ta, Pa.
7 00			couse per Me far (a), (b),		rret Dome	L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
15	PARTI. DEAT	IMMEDIATE CA	USE (0) Kespira	tory Arrest			5 min
dwoth co	Conditions, if	ony, which	OUE TO, OR AS A CONSECTION OF THE CONSECTION OF	LUENCE OF	Oliver P		4 hrs
1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	gove rise to couse (a), s: underlying co	oting the	OUE TO, OR AS A CONSEC	DENCE OF LOVY Pistra	ess Syndr	me	3 days
S, 20	and the second s	IGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVEN II	V PART Ico
4 5 5 5 V	ō We	a static /	wer lance				
TALRECO	THE TIME TO FORM		96 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	YES NO		G CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physician this certificate h the buriol-tronsit d Mental Hygie dor Item 18 sho	00.001.000.000.000	CAUSE OF DEATH	18. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF IN)	URY IN ITEM 18 PART 1	ORPART 2)
DIVISION OF VITAL DING PHYSICIAN: The or attending physician After this certificate he as the buriol-tronsit oith and Mental Bygie morked or tem 18 sho	21d. INJURY OCC	URRED 2	Te PLACE OF INJURY AT HOME, STREET, FACTORY, OFFIC	211 LOCATION	CITY OR T	OWN	COUNTY STATE
DIN all or a second or a secon	220.1 certify tho	(this hospital) o	ttended the deceased from				that (we) last
ATTE Spirto CCTO U for n 21	obove (I) w	eosed plive an_ e) (did) (did not) viev	the body ofter death.	ond that in (my) our) opinion	deoth occurred on the		
the hor the hor at DIRE etochecite Depth	226 SIGNATURE	odore M	se lunie	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF .	22c. DATE SIGNED
TO HOSPITAL (retained by the retained by the TO FUNERAL Is should be deto with the Store I MMPORTANT. If	7	NAME (TYPE OR PRINT	V	22e ADDRESS	2 / 1 / 10	-1	4.4
Should with MPO	Meoc		Finney	1111. 66	n. Wolf	e)t	21205
(100000	230. BURIAL, CREMATIC	ON, REMOVAL 231	, ,	NAME OF CEMETERY OR CREMATORY	23d. LOCATION		UNITY STATE
11117	Burial 24 FUNERAL DIRECTO	R	//30/198611	Wellingers Menno	nilte E. La		Twp Pa.
DHMH - 18 60M 7/84 (VRA 15, 4)	Fleming		SONTE	11.14	28 1986 4	Lia van de	No-Maria
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F TOWTH	Funer	al Del AIC	e Benson, Md Jul	· ·		-



STATE OF MARYLAND	
1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6 19156
REGISTRAR Genevieve B. Behr CERTIFICATE OF DEATH	REG. NO.
	DEATH MONTH DAY YEAR 26 HOUR
GENEVIEVE B. BEHR	0/21x6330h
	EARS LAST BIRTHDAY) IF (INDER 1 YEAR IF UNDER 24 HRS.
	YRS MONTHS DAYS HOURS MIN.
76 BIRTHPLACE ASSAUR OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.	RE CITY OR COUNTY OF DEATH
WIDOWED DIVORCED	salmone City MD.
	OCCUPATION 12b. KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	ADDRESS / ZIP CODF /
THE WASHELL A	Chesterfield Ave, 2121
14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
1.1101	nernfiend
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. \$17 INFORMANT	ADDRESS above
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	
	instensole
	4/2/86
gave rise to immediate	
underlying cause fast. (1) A SA CONSCOURTE OF A HOW What ase	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(a
Divites. Cerebral Vasce Accident	
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
YES 🗆	NO YES NO
	TURF OF INJURY IN ITEM 18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	
21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	CITY OR TOWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	4
220.1 certify that (1) (this haspital) attended the deceased from \$25.186 , 19.86 , to	7/2 19 06 , that (I) (we) last
saw the deceased glive an	d on the date and hour and from the causes stated
226. SIGNATURE DEGREE	221. DATE/SIGNED
ATTENDING MEDICAL PHYSICIAN CI DIRECTOR	STAFF 1/2/18/
27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	A 11 a f
Ethan Dubis 19940 Eastern	Are Part ind
230 BURIAL, CREMATION, REMOVAL 230 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCA	TION
(SPECIFY) CITY	OR TOWN
24 FUNERAL DIRECTOR 3331 Brohms I and 250 DATE REC'D. BY R	Balto, Md.
	1980
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 STATE REGISTRAR GENEVIEVE B. BEHT 1000 ERTIFICATE OF DEATH 1000 ERTIFICATION 1000 ERTIFICATE OF DEATH 1000 ERTIFICATE OF DEATH



injury, ar other traumatic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

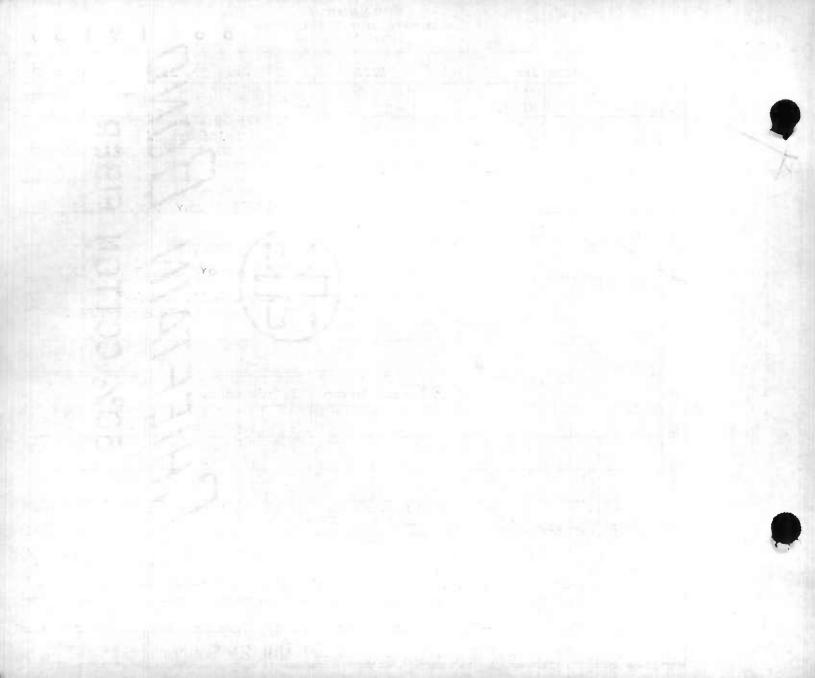
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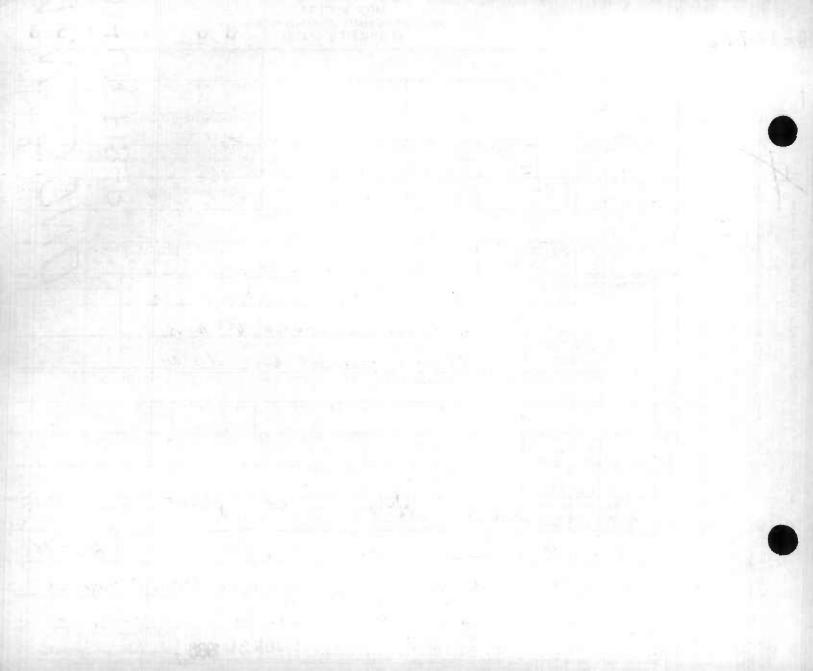
REGISTRAR		CERTIFICATE OF DEATH	O O REG. NO	. 1 7		3 /
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
(TYPE OR PRINT) Bernadine		BELL		July 20, 1986 8		8:00P
. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER		UNDER 24 HRS
Female	Black	12 21 1937		48 YRS	0413	OUNS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? B	9 BALTIMORE CITY O		ATH	
Maruland	U.S.A.	MARRIED NEVER MARRIED	_ Ral+1mo:	re City		
CITY OR TOWN OF DEATH		WIDOWED DIVORCED JRSING HOME OR OTHER INSTITUTION		ON 17h 1	KIND OF B	USINESS OF
Baltimore	(IF NOT IN SUCH FACILITY, GIVE S Maryland	General Hospital	(TYPE OF WORK FOR MOST OF		USTRY	0011120000
	OUNTY 130, CITY OR		S? 13e STREET ADDRESS /	ZIP CODE		
Maryland -	Baltin		3612 Haywor		2121	5
FATHER'S NAME		15. MOTHER'S MAIDER	NAME			
Clifton	Magst		WIDDIE		LAST	
WAS DECEASED EVER IN U.S.		SECURITY NO. 17 INFORMANT	ADDRE		oode	
(YES NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)					
No	217-3	34-5185	3612 Hayward			1215 TE INTERVAL ET AND DEATH
		STO DEATH BUT NOT RELATED TO THE breast tumor;	TERMINAL DISEASE OR CONI	DITION GIVEN IN P	ART La	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED	200 AUTOPSY?			
			YES TO NOTE	YES T		NO T
	FOEATH HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJUR			
OR CONTRIBUTING CAUSE O						
TOTAL TOTAL TELE	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	FICE FARM ETC) 211 LOCATION STREET	CITY OR TOV	vn cou	YINI	STATE
270 I certify thank (this h	(AT HOME STREET FACTORY, OF aspital) attended the deceased fr	STREE! STREE!	86 to July	20 8	6tho	t (we) lo
22a I certify that X (this h saw the deceased alive abave. X (we) (did) (did) 22b. SIGNATURE	pospital) attended the deceased for $July\ 20$	am July 14 . 19 . 19 . 19 . DEGREE ATTENDIN PHYSICIA	86 , to July	20 , 19 8 te and hour and fu	6tho	t (me) lo
220 I certify that X (this h saw the deceased alive abave, X (we) (did) (die 22b. SIGNATURE 22d PHYSICIAN'S NAME (1)	pospital) attended the deceased for $July\ 20$	ram July 14 19 86 and that in (nx) (aur) opi DEGREE ATTENDIN PHYSICIA 220 ADDRESS	86 , to July	20 , 19 8 te and hour and fu	om the cou	t ffi (we) lo
22a I certify tha XX (this has with the deceased alive abave, X (we) (did) (did) 22b. SIGNATURE 22d PHYSICIAN'S NAME (1) TZONG-Y B. BURIAL, CREMATION, REMO	IAI HOME STREET FACTORY, OF JULY 20 Was view the body after death. THE OR PRINT! WICH HWANG, M. D.	ram July 14 19 86 and that in (nx) (aur) opi DEGREE ATTENDIN PHYSICIA 220 ADDRESS	86, to July nion death accurred on the do NG MEDICAL STAR NO DIRECTOR PHYSIC Maryland General DRY 1334 LOCATION	te and hour and fu	om the course sic	t ffi (we) lo ises stated GNED
278 I certify that X (this has the deceased alive above. If (we) (did) (did) 27b. SIGNATURE	paspital) attended the deceased from July 20 Was view the body after death. THE OR PRINT! WAL 23b. DATE	ising July 14 19 86 and that in (M) (aur) opin DEGREE ATTENDIN PHYSICIA 220 ADDRESS C/O A	86, to July nion death accurred on the do NG MEDICAL STAR NO DIRECTOR PHYSIC Maryland General DRY 23d LOCATION CITY OR TOWN	te and hour and full flam (2) all Hospit	sic	t Th (we) lo isses stated GNED STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

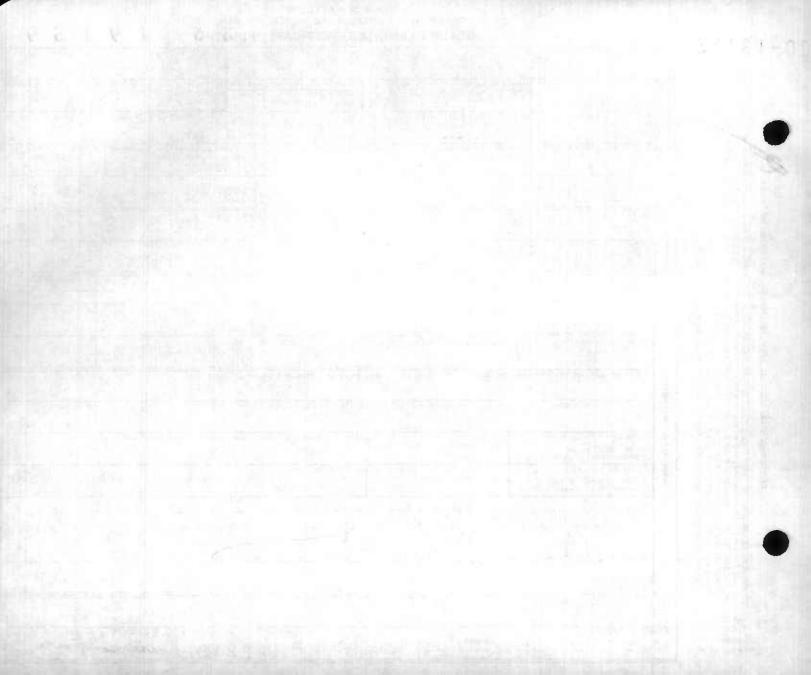
Baileu Funeral Home 1348 N. Calhoun St

JUL 29 1986 June sharden forder 21217





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR . DECEASED NAME O. DATE KNOWN 2 HOUR MONTH (TYPE OR PRINT) OF ESTI-John Bell, Jr. 19 86 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) 2:50 DAY PRONOUNCED Male **Black** 03 26 83 DEAD 1986 YRS P.M Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. WIDOWED [DIVORCED Baltimore City, IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Roofer Baltimore .421 McCulloh Street E GIVE PACES 2, AND 3 TO WITH FORM 91. RETAIN IN T. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE Baltimore 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 1421 McCulloh Street Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WIDDLE MIDDLE LAST John Bell, Sr. Henrietta 17. INFORMANT (YES NO, OR UNKNOWN) 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 217-03-2038A Estelle Bell 1421 McCulloh Street 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CATE, WRITING THE WORD "PENDING" THE CLIT IN TENTE.
FORWARDED TO THE CHIEF MEDICAL EARLIEF ALCOSOM
OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOXX 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY JATHOME, 21f LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE & SHOULD BE FORWARDED TO FUNERAL WITH THE STATE DE BAUTMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE Autopsy 220. I certify that I took charge of the remain ameribed above, held on Inspection Natural causes XX deoth resulted from Undetermined monner 7-11-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE BURIAL L'ansdowne. 7/22/86 Mount Zion Cemetery Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Homes 1101 East North Avenue Julia Davidson (VR A15 ME (5))



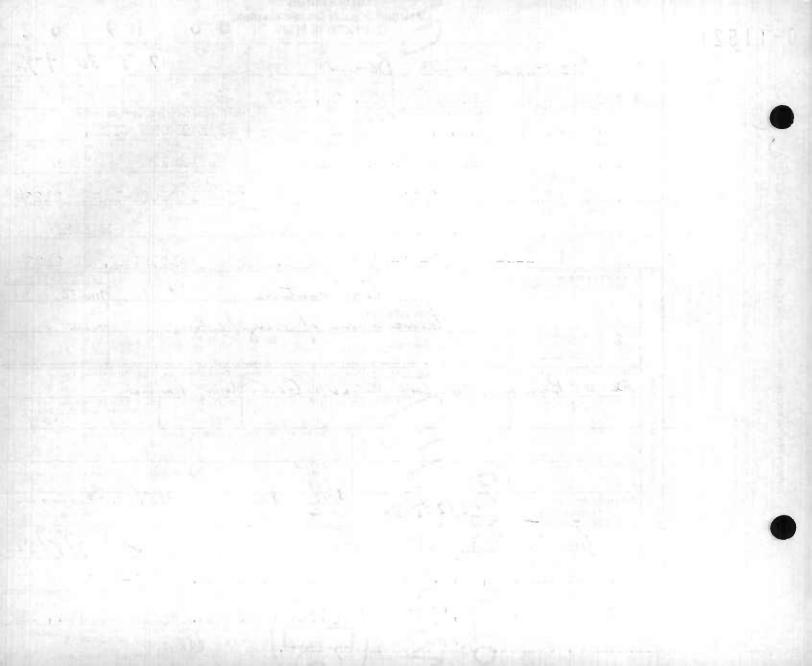
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 7a. DATE OF DEATH I. DECEASED NAME TYPE OR PRINTS ASHLEY A. AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY WIDOWED DIVORCED T CITY OR TOWN OF DEATH 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE AGNES HOSPITAL Severn, Maryland 21144 136. COUNTY Severn Maryland 7733 Telegraph Road FATHER'S NAME IS MOTHER'S MAIDEN NAME MARK ANDREW STARLING PACEK LENORA DLENA 17. INFBORT 55 Severn, Maryland 21144 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Mark A. Pacek 7733 Telegraph Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST 30 min IMMEDIATE CAUSE (a: OR AS A CONSEQUENCE OF DEFECT CONCENITAL HEART Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONCESTIVE HEART FAILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT PREMATURITY 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram 19 86 saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (THE PRINT) 22e ADDRESS NANCY BABER 900 CATON AVENUE BALTIMORE MD 21229 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 73d LOCATION Glen Burnie A.A Burial 7/14/86 Glen Haven Mem. Park 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Raymond C. Fink Glen Burnie, Md 21061 (VRA 15, 4)

Part of it be the transfer of the transfer Figure Control of the A ZIV YTTO BROWLT IAS 4.5 50 C C 42(4.2): The state of the s T. C. C. Covers large 111 Acres CHANT SCRIPT PROPERTY COURT COMES A STATE TOOL IS THE PERSON TO BE A PERSON TO Little of the still seed of the seed of th So the clear thresholds since the second records to be seen as

anh Page 4 may be	2	1. DE	FOR STATE REGISTRAR CEASED NAME OR PRINT; DAV		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	Ö	EG. NO.	DAY	9 YEAR	6 126 HOUR
and, Page 4 may be all director, page 3 Cr. 2 hours ofter death	<i>L</i>	(TYPE	CEASED NAME FIRST		MIDDIE	0 -	AST			DAY	YEAR	26 HOUR
in. Page 4 may		3 SE			H.	KE	NNER		07	01	86	9:30
ol director.		J. JL/	K	4. RACE	111	5 DATE O		6. AGE (INYEARS		-	DER I YEAR	IF UNDER 24 H
ol dire	1	Ma	ale	White		MONTH 4	29 1937	49	YRS	MONTH	S. DAYS	HOURS
5 15	25	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED XX	9. BALTIMORE			EATH	
* 51	2	Ma	aryland	U.S.A.		WIDOWE	D DIVORCED		Baltimo			
	8/	81	ITIMORE	FRANCIS	SCOTT KE	Y ME	OF CTR	120 USUAL OCC (TYPE OF WORK FOR Truck D:	MOST OF WORKING	STIFE) IN	DUSTRY	F BUSINESS ord Ca
d be	279	130 S	AL RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION	136 CITY OR TOW	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADD	RESS / ZIP CC	DDF		
fille hould	20			ltimore	Dundalk		YES NO X	1937 Qu				21222
within letely d 2 s	12	14) FA	ATHER'S NAME FIRST	WIDDLE	LAST	100	15. MOTHER'S MAIDEN NA		DDLE		LAS	ĭ
omp l on	k M		enry	J.	Benner		Elizabeth		Μ.	Ju	mgbl	ut
ond o	o di	9 11		ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRESS			
is. Po	E	No)		216-34-	1088	Patricia R.	Benner	Sam	e as	13e	MATE INTERVA
quires that the signed by the hen please rem to buriol, crema	njury, or other to	N.	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OF	CONDITION	GIVEN IN	V PART 110	
he low re on. hos been t permit. I	shows ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	INCEF	YES, WE RTIFYING YES [RE FINDING CAUSES	OF DEATH?
iySiCIAN: The ding physicio is certificate b burial-transit Mental Hygie	Item 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.	DE INJURY .M. MONTH DA .M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	TS PART I (OR PART ?)	
G Pt er th s the	orkedor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE F	ARM ETC)	21f LOCATION STREET	CII	Y OR TOWN		YINUO	STATE
R ATTENDIN hospital or RECTOR: After red for use or spt. of Health	2 lis mo		220 I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did i	7/0	1 195	6/10 6 on	d that in (my) (our) opinion	death accurred on	the date and h	192		that (1) (we)
the the bed the bed	IT. If hem		226. SIGNATURE	in			DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR F	STAFF		220. DATE	SIGNED 186
TO HOSPITAL etoined by th TO FUNERAL should be deto with the State	MPORTANT		22d PHYSICIAN'S NAME (TYPE UNG CHI				Francis SLOT	+ Key.	medic	al	Cen	ter
	3 3	22- 0	UDIAL CREWATION REMOVE	AL 23b. DATE	73, 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	N			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 944 86 JULTA TERTRUD ENSON 5. DATE OF BIRTH 1. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS 28, 1917 FEMALE WHTTE9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN & CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED BALTIMORE CITY. NEW JERSEY WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR HOME HOUSEWIFE BELAIR CONVALESARIUM BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN 13e STREET ADDRESS . BALTIMORE 21234 MARYLAND 2508 LAMPOST LANE 21234 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE KIESELBACH HENRY MATILDA HUBERT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 154-03-9181FRANK S. BENSON BALTIMORE. NO MD APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110' 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the defeased ram saw the deceased alive an, and that in (arr) (aur) apinian death accurred an the date and have and from the causes stated view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED mo MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 日本 483-4883 4900 ALBERT BRADLEY, BELAIR RD. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION BURIAL JULY 7, 86 DULANEY VALLEY MEM. GAR. BALTIMORE CO.. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 1011 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 (VR A 15 (41) JOHNSON 8521 LOCH RAVEN BLVD. JU

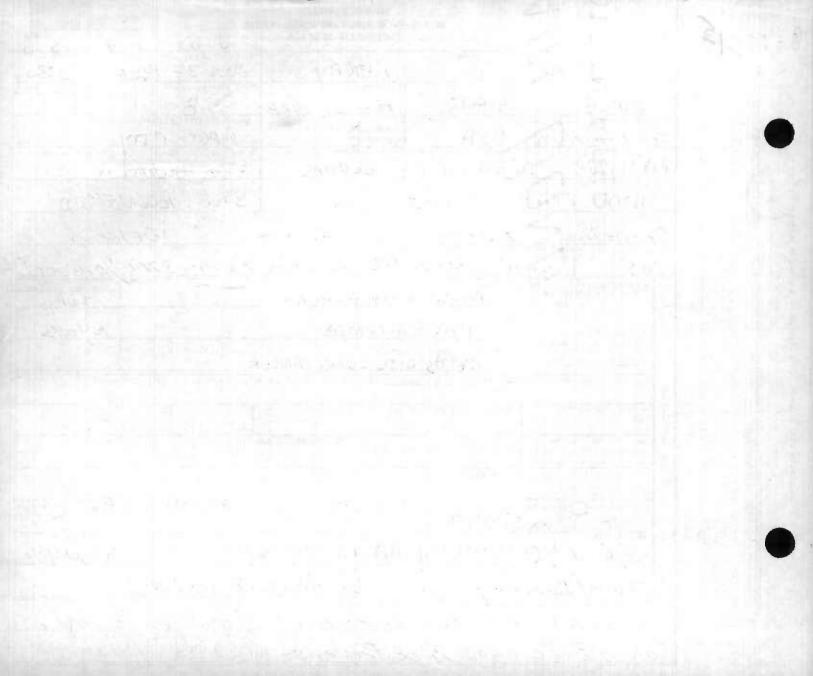


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	SE A SE	-	EXAMINER'S NAME					
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BARTIMORE, AND AND 2		(TYPE OR PRINT) Marg	arita A. Korell,M.		Penn Street		
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100	130	Maryland 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNTY 13c CITY OR TO Baltime	WN	134 INSIDE CITY LIMITS? YES X NO []	13. STREET ADDRESS / 4204 Ann		ve.	2120
h	14. F/	THER'S NAME FIRST Joseph	Schirme:	r	15. MOTHER'S MAIDEN NA/	ME MIDDLE		Kre	bs
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 24 DATE KNOWN TTYPE OR PRINTS OF ESTI-Bianchi DEATH MATED Bruno 20 1986 4 RACE 5 DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c DATE LAST BIRTHDAY 2:51 p M Male White DEAD 1986 YRS 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Italy U.S.A. WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Good Samaritan Hospital Bricklayer Baltimore Astro SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY Baltimore 13d INSIDE CITY HAUTS? 102 S. Highland Ave. 21224 Marylande 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Santina Bianchi Arciro Secondina 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION 102 S. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Mrs. Johanna M. Bianchi 218-42-6734 Highland Av No MINER: THIS CERTIFICATE SHOULD. SENDING" IN THIS CERTIFICATE, WRITING THE WORD "PENDING" IN THE CHEE MEDICAL EXAMINER ALLO. BE FORWARDED TO THE CHEE MEDICAL EXAMINER ALLO. SECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGEOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIV. THE STATE DEPARTMENT OF THE STATE DE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIO PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC 1 WHILE AT WORK CITY OR TOWN COUNTY TO MEDICAL EXECUTE THE CERTIFICALLY PAGE 4 SHOULD BE FORWY TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST 220 I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted fram Natural causes Hamiride Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/21/86 DATE SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore, v COUNTY Maryland 7-24-1986 Oaklawn Cemetery Burial 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

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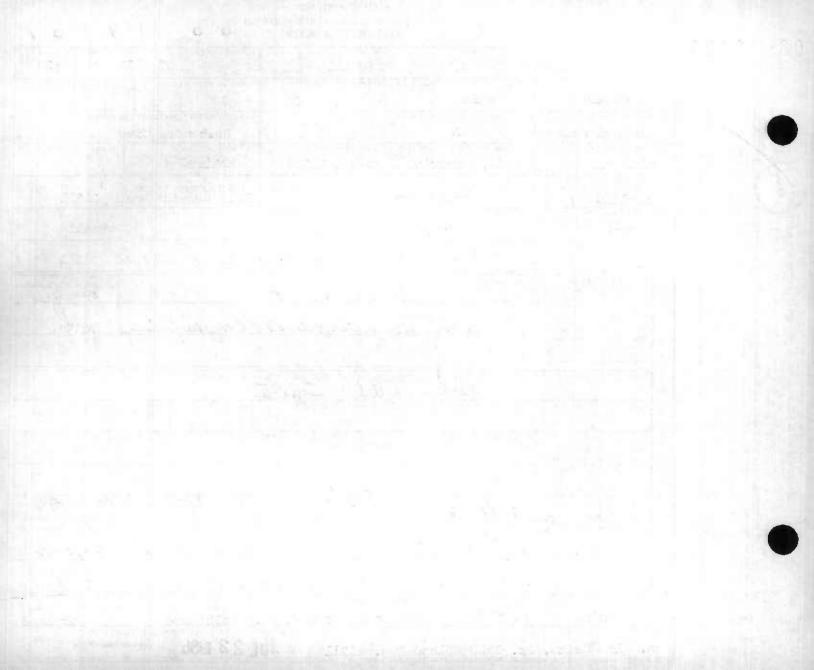
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IMORE,	. rages	(1	(AS DECEASED EVER IN U. ES NO OR UNKNOWN) (IF Y NO	S. ARMED FORCES? ES. GIVE WAR OR DATES)		SECURITY NO. 0-7234	Blair	Fetzer	3719	Keswic		d 21:	211
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY ING PHYSICIAN: The law requires that the death certificate be executed with offending physician and complete this certificate has been signed by the attending physician and complete.	asseremave carbangap of, cremation, ar remaval r ather traumatic event, (18 CAUSE OF DEATH (En PART I. DEATH WAS C IMM Conditions, if ony, whit gove rise to immedia couse (a), stoting the underlying couse laid.	DUE TO, O	RAS A CONS		ac av		E Corg	erken fæ	elene	nie	IMATE INTERVAL ONSET AND DEATH MULLER
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TAL OR A by the hose	State Dept.		226 SIGNATURE SIGNATURE 224 PHYSICIAN'S NAME	MUN	son		DEGREE A P		MEDICAL DIRECTOR	STAFF	IN D	220 DATE	SIGNED 18-86
O HOSPIT etained by	with the State IMPORTANT; H		Philiph	. Moore	M.D	ŧ	392	5 Be		Aven	ue	Dalto	J. MD
BP			URIAL, CREMATION, REMO SPECIFY) Burial	7/21/8	96	23c. NAME OF C				OR TOWN		COUNTY	STATE
		24 FL	NERAL DIRECTOR	1/21/0	30	Morelan	u Memor		REC'D BY R	timore EGISTRAR 25	B REGISTRA	R'S SIGNAT	laryland
DHMH - 16 (VRA 1		2	A. Alan Seitz	z, Jr. 381	8 Rola	nd Ave.	21211	JU	-	1986	, would the	vidos-i	panpasse



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH (TYPE OR PRINT) DEATH MATED Billow 13 19 86 Leon 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 9:53A White Male 69 DEAD 13 1986 TO BIRTHPLACE (STATE OR WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED USA Penna. Baltimore City WIDOWED [DIVORCED O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION LTYPE OF WORK 1126 KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY

Edu. FOR MOST OF WORKING LIFE)
Teacher University Hospital Baltimore SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA la STAMd. 113b COUNT Severna Park 13d INSIDE CITY LIMITS? 102 Quinn Rd. nne Arundel YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME Myers Arthur MIDDLE Billow Billow Amy WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 102ADQuinn Rd. 166. SOCIAL SECURITY NO. Kathryh Billow Severna Park, Md. 173-03-0775 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Thoraco-abdominal trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a., 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR WAY MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR 1:57P.M. 11 10 86 Passenger in multiple vehicle collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE I-70 west of 94 street Howard Co. MD 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inquiry Accident X death resulted fram. Notural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNED_ 7/14/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. ADDRESS 111 Penn St. Balto.MD. TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 7/17/86 Fairview Cem. Mercersburg Franklin Pa 02/84 24. FUNERAL DIRECTOR **DHMH - 17** myer Mercersburg, Pa. 17236 (VR A15 ME (51)

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	STATE OF MARYLAND	
30	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6	19109
8-11548	DECISTRAD CERTIFICATE OF DEATH	5. NO. #
0 11340	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEAT	H MONTH DAY YEAR 26. HOUR
noy be poge 3	JAMES BING JUNE 29	, 1986 10:46A _M
E d a	3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAS	T BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
M. Poge 4 M. Poge 4 ol directo 2 hours of	Male - White 10 1 11 74	YRS.
O Ning		Y OR COUNTY OF DEATH
Nonerol in 72	New York U.S. WIDOWED DNORCED BALTIMO	RE CITY MD
NON within 7	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUP	PATION 12b. KIND OF BUSINESS OR INDUSTRY
- P - P	BALTIMORE JOHNSCHHOPKINSTHUSPITAL (TYPE OF WORK FOR MO Physic:	
MARYLAND 2120 Ed within 24 hours ELEASED TOTHER is filled in by TOTH	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136.STREET ADDRE	es / 7ID CODE
AS AS	Md. Balto. YES NO 4309 St	
THE PROPERTY OF THE PARTY OF TH	14. FATHER'S NAME IS MOTHER'S MAIDEN NAME	
MARYLAN Used within 2 RELEA RETERATE FOR THIS FILE RETERATE FOR THIS FILE	Aloyandar Florence.	£ LAST
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT AD	DRESS
BALTIMORE, Cote be executed by Property Progress of the cote of th	Yes WWII 579-44-9272 Mrs. Carol Bing	- Same as 13
ALTIV	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	- Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tring on poor	PART I. DE ATH WAS CAUSED BY: MANUAL PROPERTY Bradycardia	300
or are not	7 9/1/-	
W. PRESTON at the death of XAM INF EEMPRINE se remove corb cremotion, or a	DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which (h) Humania	13 hr
PRE como munot retro	gove rise to immediate couse (o), stating the DUETO, OR AS A CONSEQUENCE OF	
that the de EXAM. FEEMING. cremoin.	underlying couse lost (CT / Leed workship)	6 h.
2 e E C 2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I/o
RDS ALL Ther injur	Z	
FUITAL RECORDS. AN The low-requir SMED I CAL figger half Reg sig roasst permit. There if Hygiene prior to be if All shows ony injur	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? VES D NOT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF	20b. IF YES, WERE FINDINGS USED
Al h	1 6/29/86 GI bled YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO
NITA Experience 18 shows the 18	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PART 2)
SICIA ng pl mg pl mol-t entol-t	OR CONTRIBUTING CAUSE OF DEATH OF CHITER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19	
MA MAN	OR CONTINUOUS CAUSE OF DEATH OR FEITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF THE CONTINUOUS CO	RTOWN COUNTY STATE
DIVIS NE OFFE Os the Orked	WHILE NOT WHILE AT WORK	1
NDIN Nose As As a smooth	22a.1 certify that (Mythis hospital) attended the deceased from 6/2 18 19 86, to 6/	29 , 19 66 , that (II (we) lost
ATTE Spito CTO of the	saw the deceased olive on	e date and hour and from the causes stated
OR AT DRECCOCHED FEET DEFECT OF THE PROPERTY O	THE SIGNATURE DEGREE	771. DATE SIGNED
	ATTENDING MEDICAL PHYSICIAN DIRECTOR PHY	STAFF VSICIAND 6/29/26
	THE PHYSICIAN'S MAME THE GENERAL PARTY OF THE ST. BAT	TO., MD. 21205
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store MPORTANT.	PETER HOLDEFICE DEFINS HE	OPKINS HOSO
7 5 E # 3 ₹	230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	N COUNTY STATE
BP	Removal 7-1-86	
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR NAME ADDRESS ADDRESS ADDRESS	AR 29 REGISTRANG SIGNAPIRE
(VRA 15, 4)	Anatomy Board Balto., Md. JUL 07 Day	5

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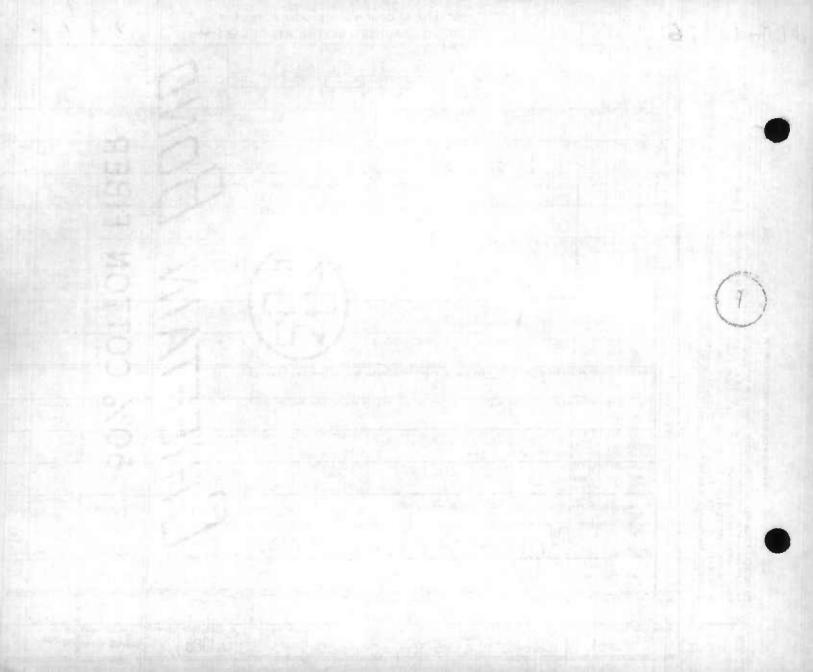
STATE OF MARYLAND

TOUGH LAIRDAU 3X Marie Jahr. With Jam 1981/ 79901 40 With DAO. () * 145 HST 413 HOT HE CHAS 15 64 15 81 BURNEL BURNEL CONTROL CONTROL NORMAN PROPERTY

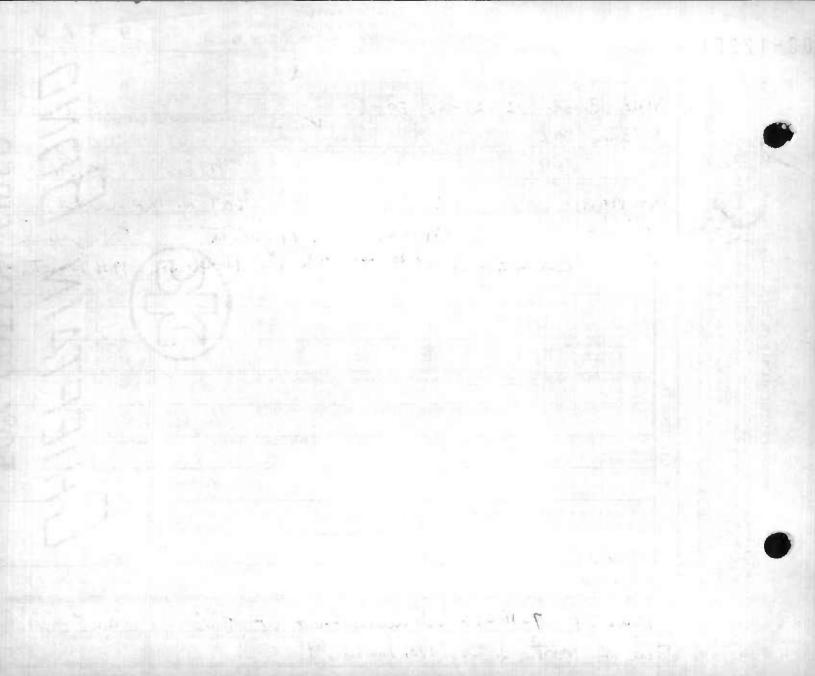
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-13288 REGISTRAR REG NO 20. DATE KNOWN I. DECEASED NAME TTYPE OR PRINTS 7-22-86, RYAN BLACK DEATH MATED CRATG 4 RACE 6 AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 7-22-86 10 3:150 Male White June 29,1984 DEAD 76 CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U-S-A-WIDOWED | DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OF OTHER HOSPITALS 176 KIND OF BUSINESS 12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFET OR INDUSTRY Hospital 4409 Sycamore Rd None Baltimore HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS STATE COUNTY 4409 Sycamore Rd. 21074 13c. CITY OR TOWN 1138 INSIDE CITY LIMITS? Md. Carroll Hampstead 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Darlene Rudasill Michael Black Garv 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166, SOCIAL SECURITY NO. Sycamore Rd. YES. NO OR UNKNOWNI I IN YES, GIVE WAR OR DATES! Michael Black Hampstead, Md. None 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES V NO [] 21a EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING STOR subject found in swimming pool CONTRIBUTING CAUSE OF DEATH 10:30AM 7-22-86 21e PLACE OF INJURY (AT HOME 21 LOCATION 21d. INJURY OCCURRED PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFFER DEATH, WITH THE STATE DEF BALLINORE, MARYIAND, 2[201 PF STREET, FACTORY, FARM, ETC.) WHILE AT WORK 4409 Sycamore Rd. Hampstead, Maryland home 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Accident X Natural causes Hamicide Suicide Undetermined manner TITLE (SPECIFY) DATE 7-23-86 Assistant 111 Penn St. Balto, Md. Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION July 25,1986 Lake View Memorial Park Sykesville, Carroll, Md. Burial 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE 25M 24 FLINEPAL DIFECTOR **DHMH - 17** Owings Mills, Md. (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME TO DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET, DEATH MATED Everett Blackwell 419 86 & AGE (IN YEARS | IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 24 HOUR LAST BIRTHDAY PRONOUNCED 1:03A M B 64 21 DEAD 4 19 86 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED * FOREIGN COUNTRY New York U.s.a. WIDOWED [DIVORCED Baltimore City 10 ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Johns Hopkins Hospital Baltimore Amesworth Paint Co. SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21213 30 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 2602 East Hoffman Street YES X NOF 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME AUDDIS Herbert MIDDLE Blackwell Delores Harrington 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS {YES, NO. OR UNKNOWN} (IF YES, GIVE WAR OR DATES) 214866215 Delores Blackwell 2602 East Hoffman St. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Stab wound of chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III 19a, DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR Subject stabbed CONTRIBUTING CAUSE OF DEATH 12+xx 4 1986 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK street 2000 Blk. Ashland St, Baltimore MD. X AFTER DEATH, WITH THE S 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion Homicide X death resulted fram: Undetermined manner Accident Suicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/4/86 SIGNATURE Margarita A. Korell, M.D. ADDRESS EXAMINER'S NAME 111 Penn St. Balto.MD (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Arbutus BP. 7-10-86 Maryland 07/84 Arbutus Mar 250. Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR Wm.C, March F/H Inc. 1101 East North Avenue **DHMH - 17** a waydoon yandasse (VR A15 ME (5))

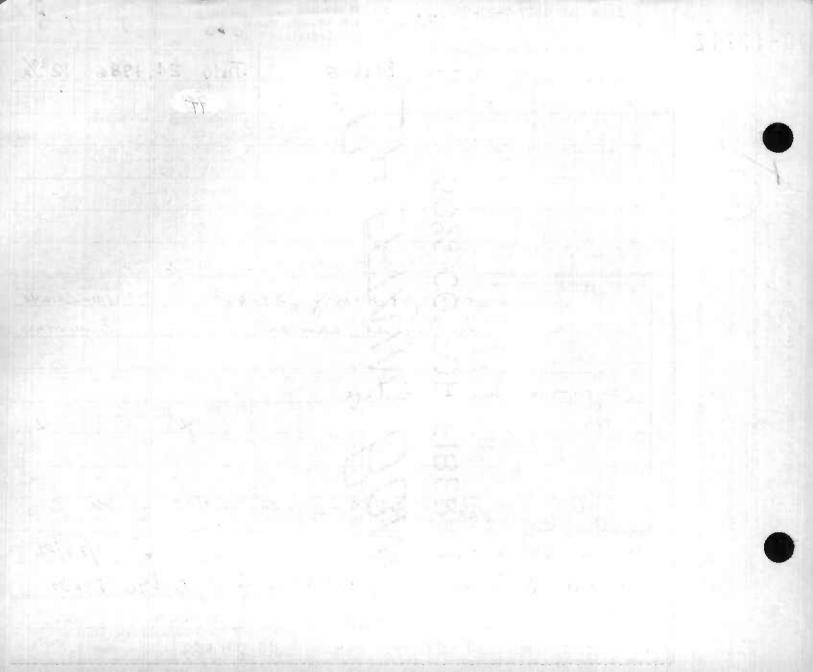


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DOATE REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-William Blagmond DEATH MATED X 7-10 19 86 DATE OF BIRTH IF UNDER 1 YR. A AGE IN YEARS IF UNDER 24 HRS 2c. DATE 2d HOUR LAST SIRTHDAY) 8;50 PRONOUNCED 19 86 -29-2 DEAD a. M L CITIZEN OF WHAT COUNT 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Sa Vilinore WIDOWED DIVORCED Baltimore City, 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY LIF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Baltimore 609 N. Monroe Street 57500 USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES IL orci 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE 12221 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANI ADDRESS YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-20 - 4445 2-8-45 \$ 8-14 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A HEALTH 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 36 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE COUNTY PAGE 4 SHOULD BE FORW TO FUNEKAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND: 2 Inspection XX 220 I certify that I took charge of the remains described above, held an Autapsy Inquiry ond in my apinian Natural conser Homicide Undetermined manner TITLE (SPECIFY) DATE 7-11-86 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., BAlto., Md. 21201 TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 25M 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 25% REGISTRAR'S SIGNATURE DHMH - T7 1/01 (VR AT5 ME (5))



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	o e o e	10		OR PRINT)	MIDDLE		kos	20. DATE OF DEATH MONTH	1986 12 ² / _{Am}
	r. poge fter deat		3. SE	1006	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	directo	0	7n Ri	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUP	3	550 000	77 YRS.	TY OF DEATH
	nerol on 72 h	70	_ (Jertico Rico	U.S.A.	MARRIE	DI NEVER MARRIED DI	BALTIMORE CIT	
5 L	2 1	7	B	A HIMORE	11. NAME OF HOSPITAL, N (IFNOT IN SUCH FACILITY, GME Harry M		or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Unemployed.	126. KIND OF BUSINESS OR
IND 242		25	130 3	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF Balti	E BEFORE ADMISSION) R TOWN MORE	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CON	Court 21217
MARTI	uted w litt	exon.	14. FA	ATHER'S NAME FIRST	MIDDLE LA	ST	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
IMORE,	5000	medicol		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) JIF YES, GIV	MED FORCES? 166 SOCIAL (E WAR OR DATES) 2/6-	32-307	17. INFORMANT Sister Rosal	ie 2600 Pot Spr	ing Road
I W. PRESTON ST., BAL	hat the death certificate by the attending physicis ase remove carban paper I, cremation, or remaval.	other troumotic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	sequence of hageas	onary ar	nas t	approximate interval BETWEEN ONSET AND DEATH MINED TO THE STATE 3 Months
ORDS, 20	en signed Then ple	injury, or	NOIL	PART 2 OTHER SIGNIFICANT CONCESTO W		G TO DEATH BUT	NOT RELATED TO THE TERM	nal disease or condition g	
AL RECORDS	The law non. the has been it permit grene prior	2 ous out	CERTIFICATION	196 DATE OF PERATION	196 CONDITION FOR V	VHICH OPERATIO		YES NO NO NO CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
1 OF VIT	Photo photo property and the property of the p	Z 2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TO	PART 1 OR PART 2)
DIVISION OF	ING PHY: r attending After this as the bu Ith and M	srked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
a	ATTENDII ospital or ECTOR. A d for use of t. of Healt	ZI is mo		220.1 certify that (1) (this hospi sow the deceased alive on above, 1) (we) (did) (and no			nd that in my (aur) apinian o	, to 7/24 leath occurred on the date and ha	, 19 , tha (1) (we) lost
•	the her proche	E # # # # # # # # # # # # # # # # # # #		Edward 49	Richman	MI	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/2 4/86
	TO HOSPIT, retained by TO FUNER, should be d	MPOKIAN		Equand K	Richman		611 S. Cha	iles St Bull	E 21230
	BP			BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	7/28/86		emetery or crematory thedral Cemete	,	Md. STATE
	DHMH - 16 60M ((VRA 15, 4)	7/84		arch Funeral Hor	mes 1101 Eass	t North	Avenue 256. DATE	REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE



4001 Ritchies Hgwy Balto Md

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

George J. Gonce

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

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		FOR			E OF MARYLAND IEALTH AND MENTAL HYG	HENE & L	101	77
6.5	1-	STATE REGISTRAR			ICATE OF DEATH	REG. NO).	* 1
		CEASED NAME FIRE	Grace MIDOLI	Be	AST Blevins	20. DATE OF DEATH	NONTH DAY YEAR	26 HOUR
	3 SEX	Female	4 RACE Whi	MONT		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR MONTHS DAYS	
3	1	RIHPLACE KLATE OFFORE COUNTRY) TY OR TOWN OF DEATH	3 USI	MARRIE WIDOWE	- Shrift	9 BALTIMORE CITY OR BULL 180 USUAL OCCUPATION	COUNTY OF DEATH	ty MD.
31	3	San Line	(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS)	Medical Center	The Tired		Factory
25	13a. 5	HE TATE	OME OR OTHER INSTITUTION GIVE I	residence before admission) ETTY OR TOWN	136. INSIDE CITY LIMITS?	- 17	ZIP CODE 2	4661
20	14. FA	George	MODIE	Parsons	15 MOTHER'S MAIDEN NAM	Mae Mae	Fou	iley
1		VAS DECEASED EVER IN U. (ES, NO ORIUNKNOWN) (IF)	S. ARMED FORCES? 16b.	SOCIAL SECURITY NO	Larissa Web	b 349 Elri	no St. 2122	4
		PART I. DEATH WAS C	ter only one couse per line: AUSED BY: EDIATE CAUSE (o)	for 101, (b), and (c)	Forher		APPRO BETWEEN	NIMATE INTERVAL NONSET AND DEATH
F		Conditions, if ony, whi	DUE TO, OR AS	A CONSEQUENCE OF	warmes lle	n - mela	Solve	
-		gove rise to immedio couse (o), stoting t underlying cause lo	te he DUE TO, OR AS	A CONSEQUENCE OF		b and a second		
	NO	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CONTR	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART 1	to
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES .	
9		210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE EAT WORK	21e PLACE OF IN	JURY ACTORY OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOW	AN CORNIA	STATE
		sow the deceased of	hospital) attended the de-	18 86	nd that in (my) (our) opinion	death occurred on the do		, that (I) (we) lost e couses stated
		22b. SIGNATURE	De		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	Fa/ 170	E SIGNED
1	0	226 PHYSICIAN'S NAME	(TYPE OR PRINT)		270 ADDRESS 49+0 EU	re A me kn		
		URIAL, CREMATION, REMI	OVAL 236 DATE 7-12-86		EMETERY OR CREMATORY	23d LOCATION A CHY OR TOWN	Bried COUNTY V	STATE
	24 FL	JNERAL DIRECTOR		DECO	n Cemetery	E REC'D. BY REGISTRAR	Mb RIGISTRAPS SIGNS	TURD and a Sea

DHMH - 16 60M 7/84 (VRA 15, 4)

Dixon Cemetery Ashland, Boyd Co. Ky.

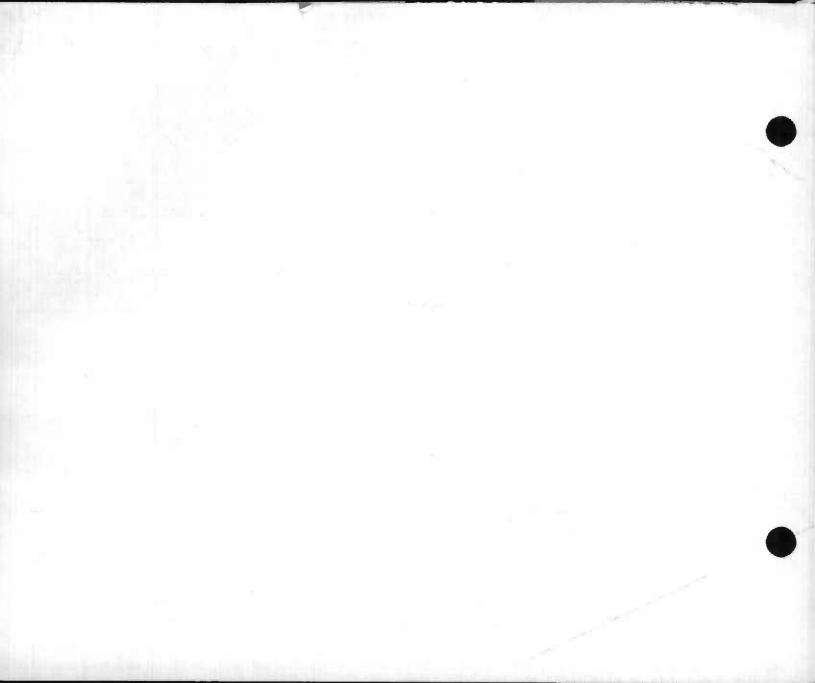
Pastern Ave. JUL 9 1986 Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

Circuit Control June 12 . In less le som succ. (129) carteur, suc. in little B a com

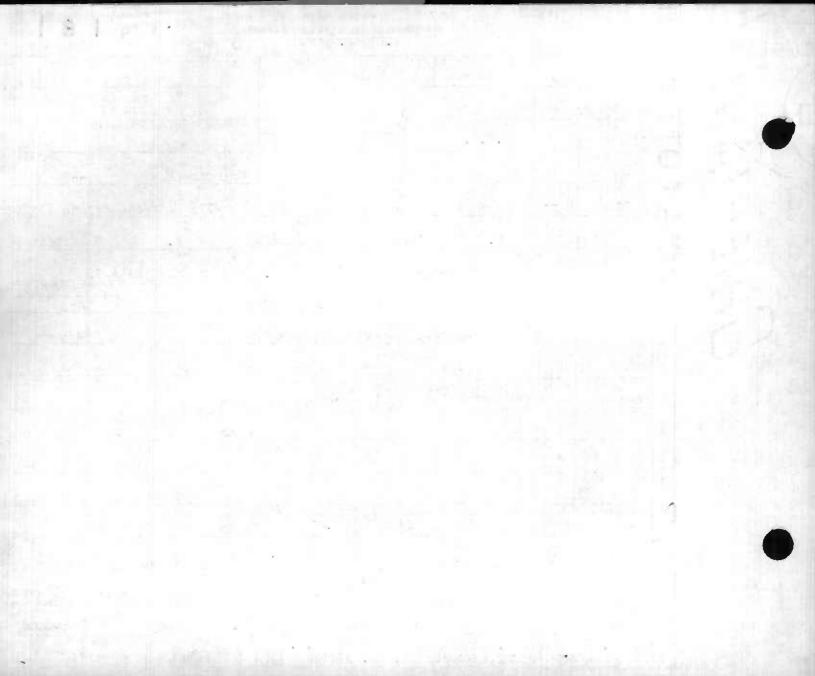
1 0-20-1 CICI: Meet November out all all and a second and a second a sec

HE RESTRUCTION OF STREET STREET, SERVICE STREET STREET





10		2 2	22		1-	STATE REGISTRAR	ed by	M.E. 9	/3/86 DEPA	STATI REMENT OF H CERTIF	E OF MARYLA EALTH AND A ICATE OF D	MENTAL HYGI DEATH	IENE 8	REG. NO.	1 9	1	8
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	e 4 mov	ctar pag	safter d		3 SE>			. RACE	ite	5 DATE C	F BIRTH DAY	YEAR 68	6. AGE (IN YE	ARS LAST BIRTHDA		IDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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LAND 213	in 24 hou	v filled in	should be	6	13a S MC	IL RESIDENCE (IF NURSIN TATE TYPLAND THER'S NAME	G HOA SHO	THER INSTITUTION,	GIVE RESIDENCE BE 134, CITY OR TO Baltin	FORE ADMISSION) OWN MOTE	13d INSIDE CI		130. STREET A	DDRESS	thord	Aven	ue 21229
SMARY	uted with	abmolete	300	0		Leonar Leonar	d	W.	LAST 16b SOCIAL SE	Bond		Judith		ADDRESS		Burc	acker
TIMOR	be exec	an and	ers. Pages he medici			NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-02-	8081		ard w.	Bond	Same	as		
V ST., BA	certificat	ng physic	banpap r remava			18 CAUSE OF DEATH PART I. DEATH WA		CAUSE (0)	HE !AI	c en	DOETHA	COPATH	Y			DA'	MATE INTERVAL DINSET AND DEATH
PRESTO	e death	e attendi	mave can nation, a traumat			Conditions, if any, gove rise to imme	diote	(b)	MAJJIUE	HEPA	Tic A	SECRES!	J			DA	4
201 W.	es that #	ed by th	please re rrial, crer , ar ather		P.	underlying cause PART 2 OTHER SIGNI	lost	(c)	MEPAT (TU B			MEECT			ට්රා	-
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IT AL RE	The lo	sician.	dygiene p	4	CERTIFICATION	21g ACCIDENT WAS UNDER	RLYING	Cert.	approv	red by 1			I Essa	NO IN	CERTIFYING	CAUSES (OF DEATH?
DIVISION OF VIT	YSICIAN	ding phy	Mental-tro	1	MEDICAL O	OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	LEXAMINER)	HOUR A.A		DAY YEAR	ZII. LOCATIO		CO (ENTERNAL)	ONE OF INJORS IN	III MID PART	JRPAN 2)	
DIVISIO	DING P	After thi	e as the lath and marked a		ME	WHILE NOT WHILE AT WORK 220.1 certify that U/(1		(AT HOME STRE	EET, FACTORY, OFFI		STREET	10 86		7/21		FG ,	STATE
4	ATTEN	haspital	ed for us pt. af He em 21 is			sow the deceased above, (Miwe) (dic 22b SIGNATURE				- FC . on	d that in DEGREE	(our) opinion d	eath accurred		nd hour one		
	PITAL OI	ned by the FUNERAL DII	State De			JACUER 22d. PHYSICIAN'S NAM	AE (TYPE OR	Pearl	aun	Λ	a A	TIENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	Ø.	7/2	2/16
	TO HOS	TO FUN		1	23a B	STEVEN F		PEARLMI 23b DATE	,	NAME OF C		NEI HZ	J/17/12_	7	S. CAT	A MS	NE BARTO
		BP			(!	Burial		7/25/	86 N	leadowr	idge Mei	morial	Pk. CITY C	Dorse	_		ryland
	DHA	(VRA	50M 1/81 (5, 4)		16	Hoy M. R. R. 30 Edmonds	on Av	enue, Ca	tonsvil	le, MD.	21228	130	L23	1986			Department .



7/9/1986

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial

7922 Wise Avenue

- STATE

24 FUNERAL DIRECTOR Duda-Ruck, Inc. Dundalk, Maryland 21222

Sacred Heart of Mary

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE かんとういいかいかん

Dundalk

IF UNDER LYEAR

IF UNDER 24 HRS.

21222

176 KIND OF BUSINESS OR

Zapalowicz

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

Maryland

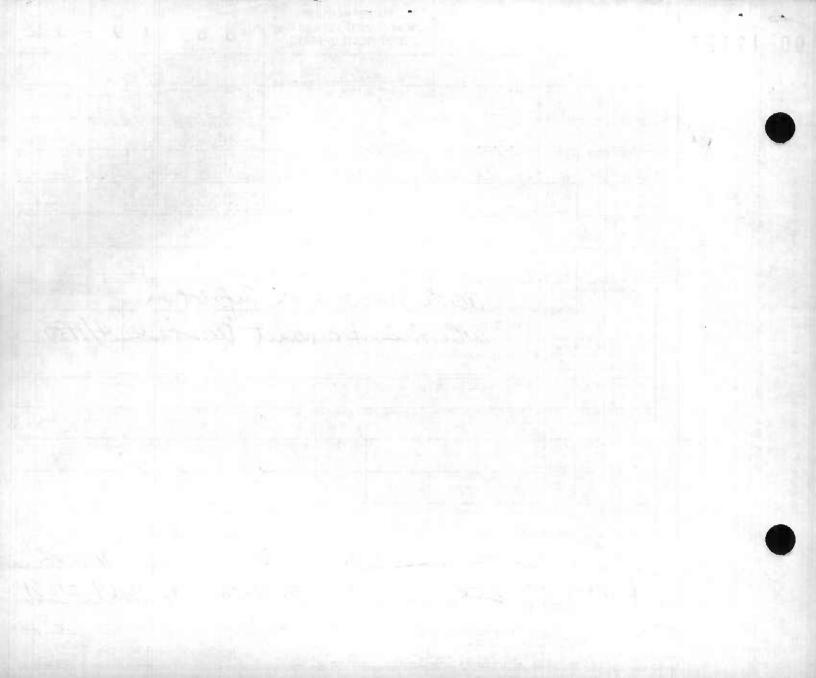
Same as 13e

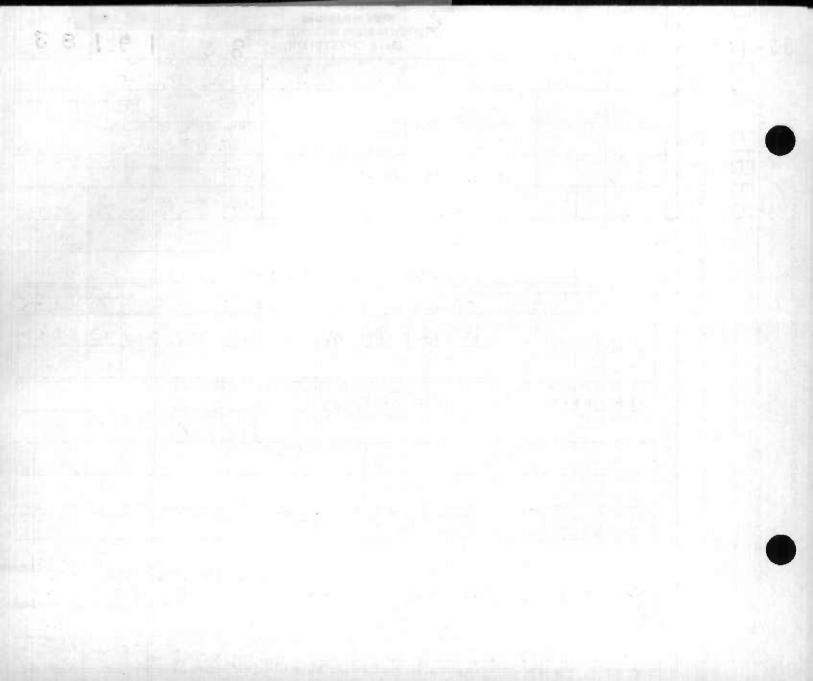
YES [

Baltimore

COUNTY

22c. DATE SIGNED





0 -	14125	1.	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	N D	3. NO	91	84.	
	ge 3 eoth		CEASED NAME	ertha		en Boubli		AST	July 29		DAY YEAR	C P M	
	you ded	3 SE			RACE	cii bodbii	S. DATE C	OF BIRTH	6. AGE (IN YEARS LA	,	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	ge 4 n		emale		Whi	te		13, DA 1910 EAR	76	YRS	MONTHS DATS	HOURS MIN,	
	Pour Pour		RTHPLACE (STATE OR F	OREIGN 71		WHAT COUNTRY?	8 AA A PRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	OFDEATH		
	leoth 72	M	aryland		U.S.	A.	WIDOWE		Balti	more Ci	ty	MD.	
10	by the fu		ity or town of dea Baltimore	TH I	LIE NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Morling	ADDRESSI	e	12a USUAL OCCU (TYPE OF WORK FOR M Homema	DST OF WORKING LE		BUSINESS OR	
ND 212	filled in could be from must be	130	AL RESIDENCE (IF NURSI STATE ryland	NG HOME OR O 13b COUNT	THER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOWN Baltimor	E ADMISSION)	13d INSIDE CITY LIMITS? YES 🛣 NO 🗌	130 STREET ADDRE	ss / zip code	venue	21211	
MARYL	mpletely ond 2 sh	14. F/	William M	. Hami	Iton	LAST		15. MOTHER'S MAIDEN N. Anna	_{AME} Julia Bun	ue N	LAST		
BALTIMORE, MARYLAND 2	Poges 1	16a \	NAS DECEASED EVER		ED FORCES? WAR OR DATES)	217 48 7		Harry Boubl		Medfie	ld Avenu	ue 21211	
T., BAL	and Carlot		PART I. DEATH W	1 (Enter anly AS CAUSED IMMEDIATE		line far (a), (b), an	Hoch				BETWEEN O	MATE INTERVAL	
1 W. PRESTON S	that the death ce by the otherding asie remove carb II. cremation or rather traumatic.	SALTE S	Canditions, if any, gave rise to imm couse (01, stating underlying couse	ediote g the	(b)_	R AS A CONSEQUI	A	<					
rDS, 20	quires to signed to burit njury, o	Z	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	EN IN PART Ha		
DIVISION OF VITAL RECORDS	1	CERTIFICATION	190 DATE OF OPERAT	ION	N 196 CONDITION FOR WHICH OPERATION WAS PERFORMED					IN CERTI	S, WERE FINDIN FYING CAUSES (GS USED OF DEATH?	
J OF VII.	d shriet a shriet colfron ental type		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	DEATH HOUR A.M. MONTH DAY YEAR						PART OR PART 2)		
IVISION	uG Phrt other his n the bu h and M	MEDICAL	21d INJURY OCCURR		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN					OR TOWN	COUNTY STATE		
	ATTENDI Aprila or CTOR, A S for one of Neadl # 21 is ma	18	say the decease bave, (1) (we) (d	d alive on	haspital) attended the deceased from								
	RAL DISE detaches there Dept		Melicis	17	Diar	ul		DEGREE" ATTENDING PHYSICIAN		MEDICAL STAFF WEDICAL STAFF WEETOR PHYSICIAN 7-31-86			
	W W W W W W		224 PHYSICIAN'S NA	ME CLYPE OR F	PRINTI			22e ADDRESS					

230 BURIAL, CREMATION, REMOVAL BURIAL DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home, Ballimore, Md.

23h DATE 8/01/86

Dr. Richard Diamond

Baltimore, Md.

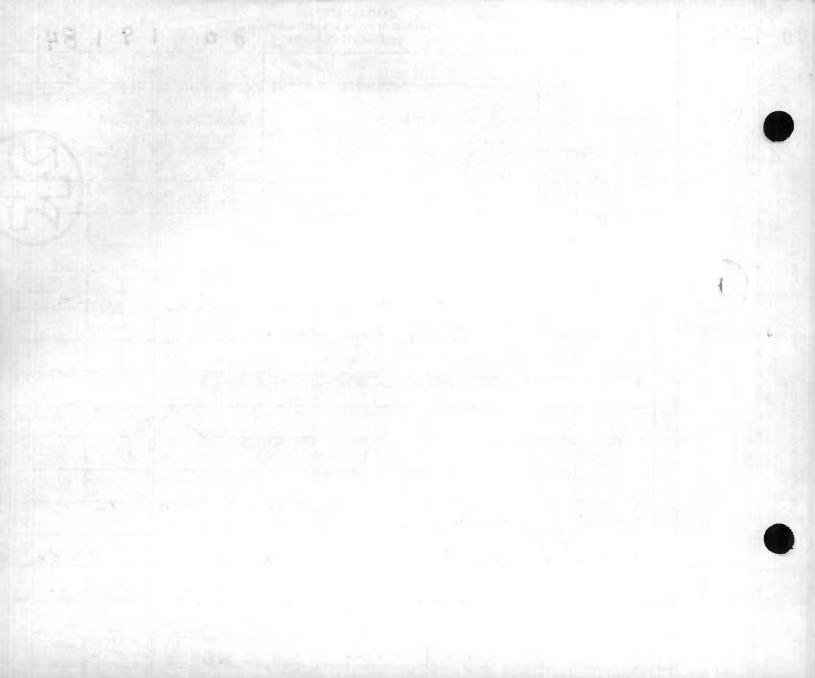
Baltimore, Maryland

23d. LOCATION

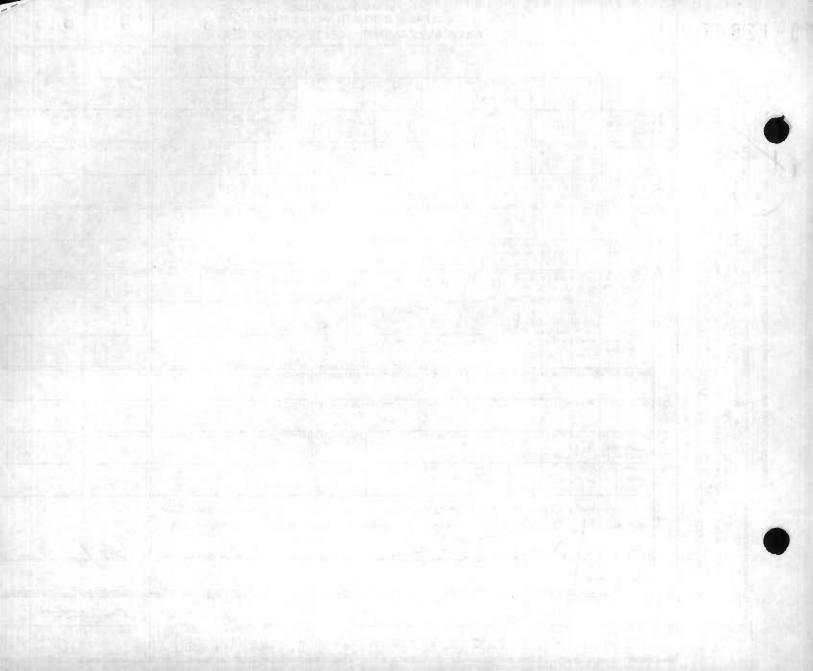
3547 Chestnut Avenue,

23c NAME OF CEMETERY OR CREMATORY

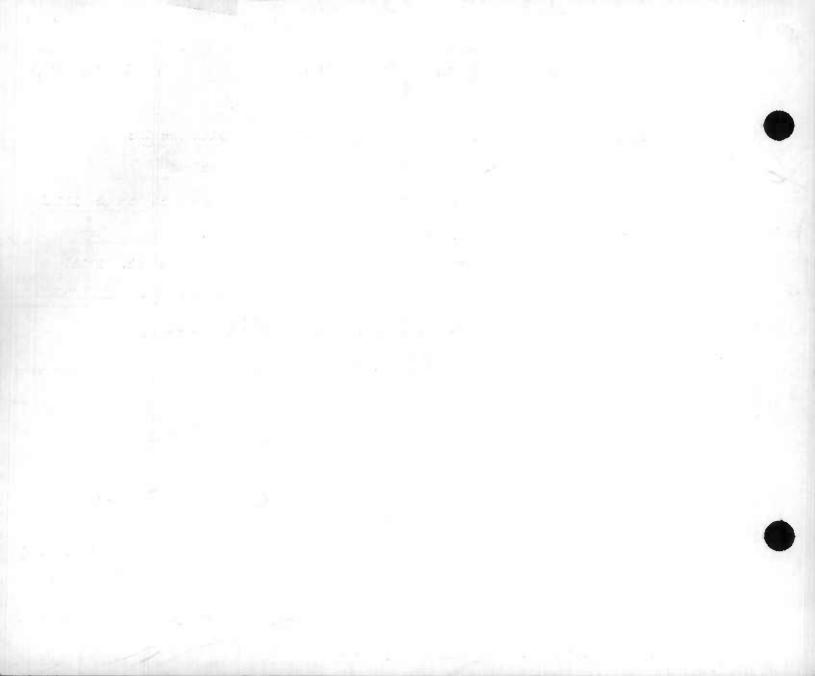
Lorraine Park Cemetery



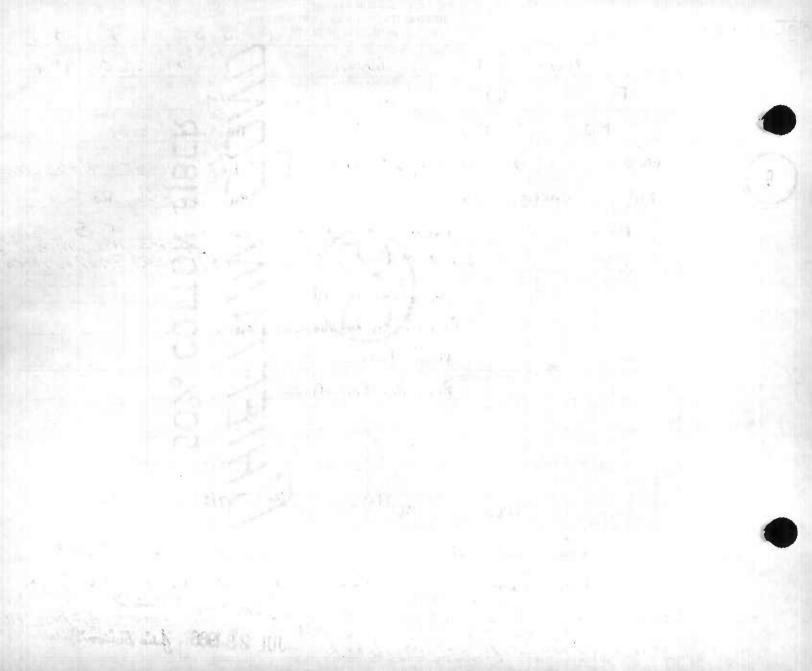
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•	255 E.S.		exas		U.	s.a.				VED 🗆	DIVORC		Ba1	timor	e Cit	·V		MD
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-	TANKE	14. F/	ATHER'S NAME		WIDDIE			LAST		15 MOTHE	ER'S MAIDI	EN NAME		MIDDLE			LAST	
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Š	AA BEST		PART 2 OTHER 516	SNIFICANT CONDITIONS C	CONTRIBUTING T	O DEATH BU	UT NOT RELA	TED TO THE TERM	INAL DISEAS	E OR CONDITIO	N GIVEN IN PA	IRT I (a)				4		
0	MEDIC MEDIC AS A EALTH CREW	No.	B# 75			P	Alcoh	olism										
DIVISION OF VITAL RECORDS,	MNER: THIS CERTIFICATE SHOULD BE FICATE, WRITING THE WORD, "PENDIE F FORWARDED TO THE CHIEF MED TTOR: PAGE 3 SHOULD BE USED AS 4 THE STATE DEPARTMENT OF HEALTH LAND 21201 PRIOR TO BURIAL, CRED LAND 21201 PRIOR TO BURIAL CRED LAND 21201 PRIOR TO B	CERTIFICATION	19e. DATE OF	OPERATION	196 (CONDITI	ON FOR	WHICH OPER	ATION V	AS PERFOR	RMED?	200			11117	20	AUTOPSY	? _
¥	공용품32유통	E	5/10/3													He	ad D	nly
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	ORV OR SEE	1	22a I certif	y that I took charge	e af the remo	oins desci	ribed obo	ve, held an	Hea	C KILLY	Inspectio	n .	Inquiry		and in my	apınıan		
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	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAITINGRE, MARYLAND, 21201 P	77- 0	-	ION, REMOVAL 2				NAME OF CE/	AFTERV				CATION	, ,,,,,,				
	- u u - < u	(SPECIFY)	ION, KEMOVAL Z		01					OKI	CITY	insdo	wne	CC	M. YTAUC	aryla	'nà
07/8/ 25M	BP		urial	TOP	7-18-	-86		Mount	Zion		25a. DATE				CISTRADI	ALADIS	TLIDE	
23111	DHMH - 17			ch F/H I	nc. 11	ANY ESS T	East	North	Aven		ZSC. DATE	11 3		86	. OISTRAR :	SIGNA Significant	TOKE .	4220
	(VR A15 ME (5))	- "	m. O. Pict	CII 1/II 1.						- 12	0	AL A	1 13	U4 1/			10	



00011520	FOR STATE REGISTI	AR		DEPAR	TMENT OF H	EALTH AND I	MENTAL HYG		REG. NO.	1 9	1 8	5 6
may be . page 3 . rer death	1. DECE ASED 1 (TYPE OR PRINT)		rgurel	C.		wde	2n	20. DATE OF D	7-			HOUR 45
ge 4		male		White	5. DATE O		vear Öl	AGE IN YEAR	YR	S.	DAYS HOL	NDER A HRS
Juneral din 72 har	Scotl		US		MARRIE		NORCED [Balt	city <u>or</u> cour imore C	ity		MD.
6	Balti		Provid	HOSPITAL, NURS CHEACILITY, GIVE STRE ENT HOSP	ital	OR OTHER INST	TITUTION	170 USUAL OC (1YPE OF WORK FO Ret	CUPATION PRIMOST OF WORKIN Cired			SINESS OR
AND 24 ##	Maryla	nd 13b C	ME OR OTHER INSTITUTION OUNTY	136 CITY OR TO Baltim	WN	13d. INSIDE C YES 🔀	NO []		oress / ZIP Cost 38th	Street	212	211
maryling of marking of the market within and 2 shall examine	Jam	es	WIDDLE	Crozie		Ма	s malden nam aggie			Н	lay	
be execu	YES, NO OR U		ARMED FORCES? S. GIVE WAR OR DATES	027 -05		Gary		903 Wes	address t 38th		21211	
ST., BAL rifficate g physicia on poper emovol.	18 CAU	1. DEATH WAS CA	er anly ane cause pe USED BY DIATE CAUSE (a)	0	1	alma	mar	ar	vest	BETV	PPROXIMATE MEEN ONSET	INTERVAL AND DEATH
RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND equires that the death certificate be executed within 24 signed by the attending physician and completely filler. Then please remove carbon papers. Dags 1 and 2 should to burial, cremation, or removal.	gave cause underly	ons, if any, which ise to immediate (a), stating the ing couse lost OTHER SIGNIFICA	DUE TO, C	OR AS A CONSECUTIVE AS A CONSECUTIVE SOUTH OF THE CONTRIBUTING TO	her CU.	NOT RELATED	O TO THE TERM	NAL DISEASE C	DR CONDITION	GIVEN IN PAI	RT 11a	
he low on the low on t	CERTIFICATION 19 DATE 210. ACC	OF OPERATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPS	20b. IF IN CEI	YES, WERE F RTIFYING CA YES [USES OF D	USED DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN. The law requir ottending physician. ottending physician. otten this certificate been sign os the buriot-transit permit. Then th and Membal Hygiene prior to b orked ar Item 18 shows any injury	OR CONT	DENT WAS UNDERLYING RIBUTING CAUSE O R NOTIFY MEDICAL EXAM	DE DEATH HOUR A	.M. MONTH	DAY YEAR 19			ED (ENTERNATUR	E OF INJURY IN ITEM	18 PARTIORPAI	RT 2)	
DIVISIO	AT WORK	RY OCCURRED	(AT HOME ST	OF INJURY		211. LOCATION STREET			ETY OR TOWN	COUN	TV	STATE
R ATTEND hospital o hospital o led for use for use pt of Heal	saw	the deceased alive ve, (1) (we) (did) (did	e an d not view the bady	2 10	8E, 01		(our) apinian o	eath occurred o	on the date and		n the cause	
AL OI AL DI derock ste Dee	22b SIG	14.0	evados	35				MEDICAL DIRECTOR	STAFF PHYSICIAN [226. 0) · ڪ	- 86
TO HOSPIT eroined by TO FUNER should be with the Sit	27d PHY	SICIAN'S NAME (T		loss		22e ADDRES	Prov	iden	l- f	108/2	cha	١,
BP	(SPECIFY)	remation, remo	7/3/8			ount Ce	emetery	23d LOCATK CITY OR Balti	imore	COUNTY		ryland
DHMH - 16 50M 4/83 (VRA 15, 4)	A. Ala		Jr. 3818	Roland	Ave. 2	1211	25a. DAT	REC'D. BY REG	18TRAR 256. REG	ISTRAR'S SIC	MATHRES	



	1			STA	TE OF MARYLAND	-	Hope way			
	11	FOR STATE			HEALTH AND MENT		VE 36	4 4		
14444		REGISTRAR		CERTI	FICATE OF DEAT	Н	O RO. NO	D.	9 1	-8/
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33 187	To. E	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	ED W NEVER MARRI	ED [] 9	BALTIMORE CITY O	COUNTY O	FDEATH	
1 1/20		MO	USA	WIDOW			BALTMUN	e cr	77	
11 12	0.00	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPATION	NC		F BUSINESS
1120	1	BALTHURE CITY	Unio. of	Marylong	Huspiral		Retired		INDUSTRY	10457
62 1 25	130	JAL RESIDENCE (IF NURSING HOME COSTATE	OR OTHER INSTITUTION, GIVE RES		13d. INSIDE CITY LIA	ALITED IN	STREET ADDRESS		200	
ションジン	7			esiminstel	YES NO		a de la companie	V COME	Rd-	2/15
1 12 0/	14	ATHER'S NAME	WIDDLE	LAST.	15 MOTHER'S MAIL			1		
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4 94 9		18 CAUSE OF DEATH (Enter of	inly one cause per line fair	(a), (b), and (c)			10110		APPROXI	MATE INTERVAL
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A STATE OF S		AT WORK	sital) attended the deco	rod from	17	CG.	10 7/23		26	
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THE CHAPTER	1	abave, (1) (we) (did) (did n	at) view the body after de	eath.	DEGREE			TO GIVE NOO! O	22c. DATE	
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01 24131	-	1-11/20	Joluman					17 imure	10	2120
	230.	BURIAL, CREMATION, REMOVAL	236 DATE 26	23c. NAME OF	EMETERY OR CREMA	ATORY E	23d LOCATION	UN	OUNTY	STATE
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DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	26/0 V de	MULLS TO		25a. DATE RI	28 1986	Sh. EGISTR	COLOUR	Rindalis
(VRA 15, 4)	1	tucker of del	Meh.3	4 Mysl	, ave.	JUL	201000	0		-



1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	. 19	8 8			
		MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR			
	Bernard	J. Boyo	d	July 2	24 1986	~			
3, SE	X The second sec	4 RACE	5. DATE OF BIRTH	6 AGE (TH YEARS LAST BIR					
	ACCORDING TO A CO.	Black	11/5/13	72	YRS	HOURS MIN.			
		16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEATH				
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13				TYPE OF WORK FOR MOST O	OF WORTH INDUSTRY	of Business or urch			
USU	AL RESIDENCE (IF NURSING HOME OF		E ADMISSION)		-	di Cii			
	Md.		ore YES # NO □	3012 Winds		216			
14. FA	FIRST		FIRST	MIDDLE					
3	John	Boyd	Ida		Boyd				
	YES, NO OR UNKNOWN) (IF YES, GIV					1217			
\vdash									
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	Partie all All	DUE TO, OR AS A CONSEQU	ENCE OF						
	Conditions, if ony, which	(b)							
	couse (a), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF						
	onderlying coose lost	(c)							
Z.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART I	0			
A P	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI	NGS USED			
ĕ				YES [] NO#]		OF DEATH?			
1 1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU						
100.70		418	AY YEAR						
ğ			19						
A C	Facility and the second second	[AT HOME STREET FACTORY, OFFICE,		CITY OR TO	OWN COUNTY	STATE			
1	AT WORK		0/		. 01				
	220.1 certify that (I) (this hospi	tol) attended the deceased from_	.5 19 0	. to	24 19 0 6	that (I) (we) lost			
	saw the deceosed alive on obove, (1) (we) (did) (did no	19	, and that in (my) (our) opinion	death occurred on the	ate and hour and from the	couses stated			
		1	DEGREE	,	22c DAJE	CICNED			
	226. SIGNATURE				110.079.0	SIGNED			
	Phila	Comit of	ATTENDING	MEDICAL STA	FF 7/2	5/16			
	224 PHYSICIAN'S NAME AVEC	Kenies (RPRINT)		MEDICAL STA	FF 7/2	8/16			
The state of the s	1. DE (TYPE 1) SE	REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) Bernard SEX WATE SIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia 10 CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 130. COUNTRY) Md. 14 FATHER'S NAME FIRST 13b COUNTRY NO 18 CAUSE OF DEATH IENter or PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost 190 DATE OTHER SIGNIFICANT (190 DATE OF DEATH OR COUNTRIBUTING CAUSE OF DEATH (INJURY OCCURRED 140. INJURY OCCURRED 150. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (INJURY OCCURRED 150.) NOT WHILE ALL WORK 150. WAS ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (INJURY OCCURRED 150.) NOT WHILE ALL WORK 170. INJURY OCCURRED 150. NOT WHILE 150. NOT	REGISTRAR 1. DECEASED NAME FIRST MIDDLE [TYPE OR PRINT] Bernard J. Boyo 4. RACE Black IRTHPLACE (STATE OR FOREIGN TO COUNTRY) Virginia 10. CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORM 130. STATE 130. STATE 131. NAME INDULE John Boyd 1660 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), or PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10) DUE TO, OR AS A CONSEOU (c) Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause lost Conditions, if ony, which gave rise to immediate cause per line for 10), (b), or part line for 10), (c), or part line	REGISTRAR I. DECEASED NAME Bernard J. Boyd J. SEX 4. RACE Black B	REGISTRAR T. DECEASED NAME THEST THE CHERROL THE STATE OF ORE AND T. SEX Black Black T. DETECTION OF DEATH T. SEX BIRTHPLACE STATE OF ORE AND USA SINTHPLACE STATE OF ORE AND USA STATE THE CHERROL USA STATE THE CHERROL USA STATE THE CHERROL U	REGISTAR I. DECEASED NAME I. DECEASED EVER IN U.S. ARMED FOR CEST II. DECAISE OF DEATH Black II. DECAISE OF BIRTH MODITY II. DECAISE OF BIRTH MODITY II. DECAISE OF BIRTH MODITY II. DEATH III. DECAISE OF OPERATION III. DECAISE OF CONTRIBUTION OF THE NUMBER OF MODITY OF DEATH III. DECAISE OF CONTRIBUTION OF THE NUMBER OF MODITY OF THE NUMBER OF MODITY OF THE NUMBER			

234 NAME OF CEMETERY OR CREMATORY

Arbutus Mem, Park

DHMH - 16 60M 7/84 (VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

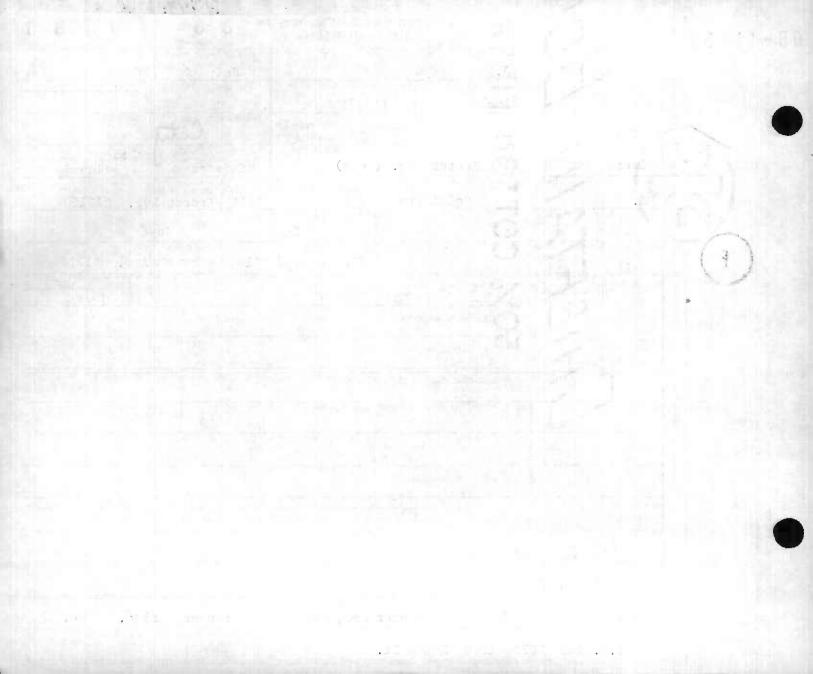
Burial 7/2
24 FUNERAL DIRECTOR Chas.A.Rice FSPA 1300 Eutaw P1.

7/29/86

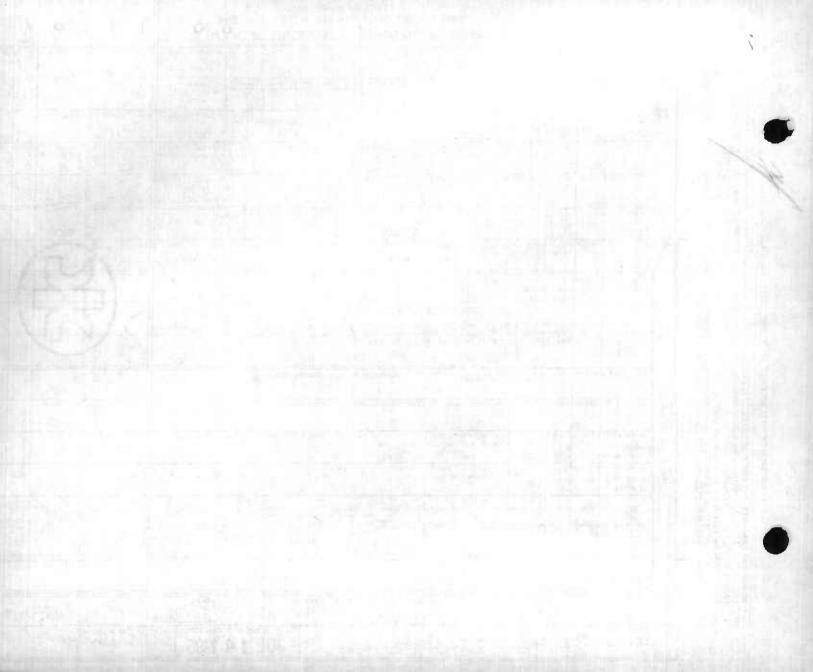
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23d LOCATION Arbutus



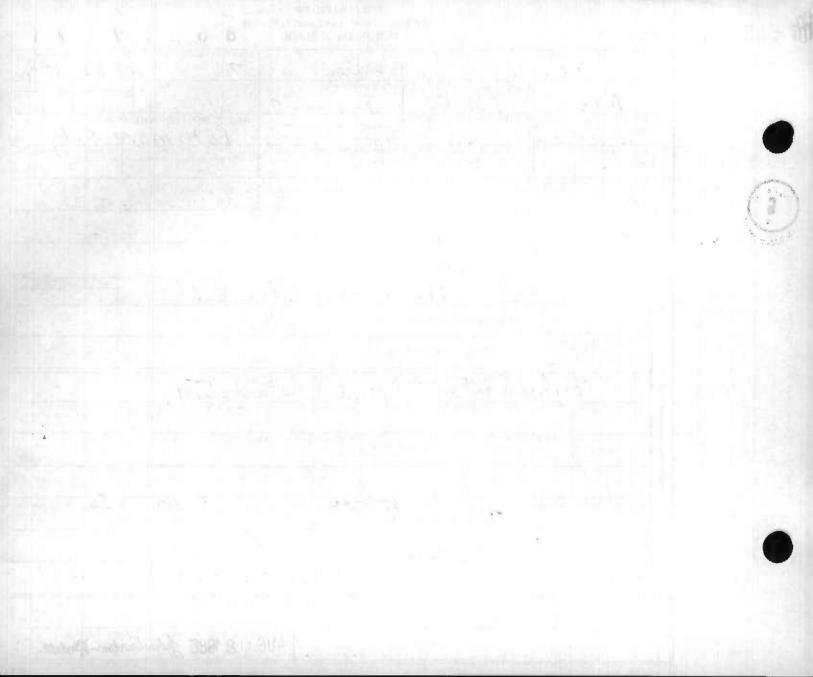
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME O DATE KNOWN LTYPE OR PRINTI OF ESTI-Sr. DEATH MATED Barrett Bracev 10 86 3 SEX 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED a:4 64 10 86 DEAD Th CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City, DIVORCED [Marvland U.s.a. IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION TTYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Johns Hopkins Hospital SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1404 Stonewood Road Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE Bracey Simon Sarah Almond 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 219801516 Unk. Sarah Almond 1404 Stonewood Road 18 CAUSE OF DEATH (Enter only one cause per fine for (o), (b), and (c).) APPROXIMATE INTERVAL HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Sickle Cell Disease with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION ARTING THE WATER MARTING THE WE CHIEF MARTING THE CHIEF MART AGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEA TO BURIAL (190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W 210 EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY JATHOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM FTC 1 WHILE AT WORK CITY OR TOWN COUNTY X 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection death resulted from Notural causes X Suicide Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7-11-86 EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn Street, Balto., Md. 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 7-15-86 BURTAT Eastview BAltimore Md. 07/84 25M 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 256 REGISTBAR'S SIGNATURE Wm. E. March F/H Inc. 1101 East North Avenue **DHMH - 17** Inchia Davidour (VR A15 ME (5))



11700				STATE OF MARTLAND		
11/86	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	9 1 9 0
be 3 to 1 to	(TYPE	OR PRINT) ASK		Bradley	062	4 86 80 AM
(8)	3 SEX	Female	Black	5. DATE OF BIRTH MONTH DAY YEAR YEAR THE ARM THE A	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
个人些	丑	RTHPLACE ESTATE OR FOREIGN SUPPRYS XITIMOTE, MB	76. CITIZEN OF WHAT CO	MARRIED NEVER MARRIED 1	Baltimore CITY OR COUNTY	city MD.
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R ATTENDIA Hospital of or IRECTOR: A hed for use- ept of Heoli tem 21 is ma				h. 19 66, and that in (my) (our) opinion	deoth occurred on the date and hou	
the Door		22b. SIGNATURE	Frentes	DEGREE M O ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	6/24/86
O HOSPITA etoined by TO FUNERA should be de		22d. PHYSICIAN'S NAME (TYPE OF) Q +	-ventes	22 South 6	reene st	
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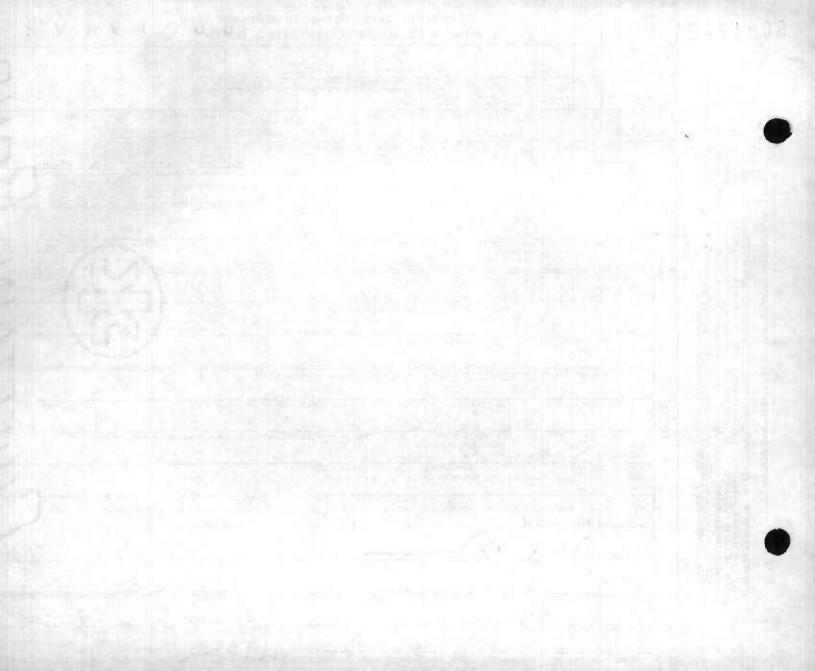
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Page 4 may be director, page 3 hours offer death	3. SE)	Male	Black	S. DATE (41	ARS LAST BIRTH	YRS.	ONTHS DAYS	IF UNDER 24 HRS
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AL RECORDS, he low require hos been sign hos been sign reme prior to be ows ony injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	: M	entil Peta	200 AUTO	PSY?	20b. IF YES,	WERE FINDING	
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OR ATTENDI DIRECTOR: A ched for use eppt. of Heal		22a.1 certify that (I) (this haspi sow the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE	7:29.	19.86.0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF		9 86, th ond from the co	
TO HOSPITAL (retoined by the TO FUNERAL I should be derowith the Store I IMPORTANT: IF		DARSHAN	S. SALUT	11	120 DDDRESS MT	Ro	Tal	Au	Roll	12/2/7
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STATE OF MARYLAND

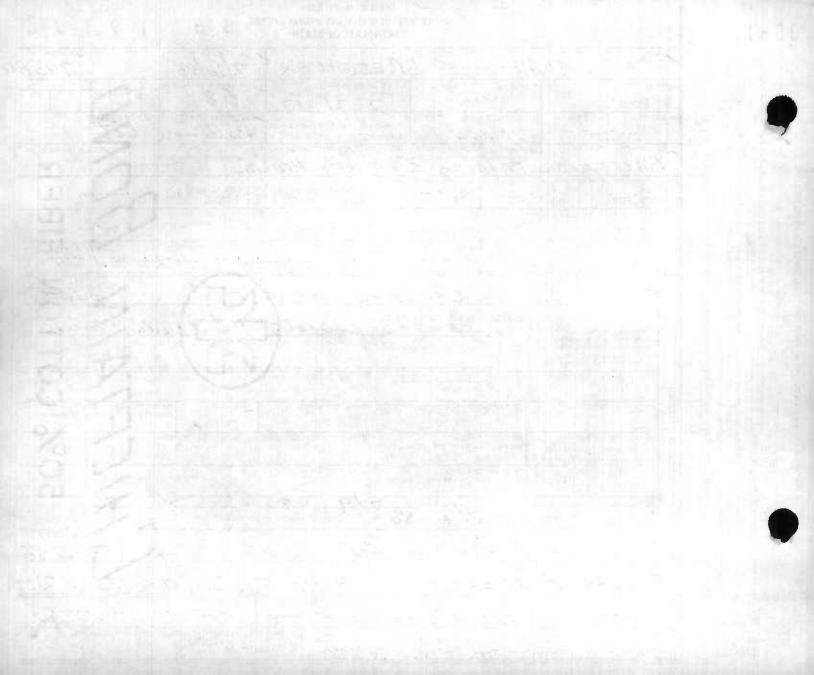


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=	1 11 m		CEASED NAME FIRST OR PRINT) HENRY	G	BRANDO		AST	10	JULY			YEAR	2:56	P
05	ge 4 may	1 SE	M	4 RACE B		5. DATE O		46	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS	R I YEAR DAYS	IF UNDER 24 HI HOURS MI	
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T. BALT	physical phy		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE)	nly ane cause per ED BY: TE CAUSE (a)		8	BETWEEN ONSET AND DEATH							
STOWS	Heading the carbo tell or to numeric		Conditions, if any, which		R AS A CONSEQU	ENCE OF	Failw	c	west			2	years	
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•	AL DRES AL DRES Selected Tr. # feer		27b. SIGNATURE	M.		IDING ICIAN 🗆	MEDICAL DIRECTOR []	STAFF PHYSICIAN 🕞	22	DATE	H8/5	7		
	O FUNERA Double be de the Start		22d PHYSICIAN'S NAME THE	R	work	1	220 ADDRESS	60	0 N. u	OFF	5 S	t		
	BP		urial, cremation, removal specify Burial	7-13-		NAME OF C Baltir	emetery or crem.	ATORY	23d LOCATIO CITY OR TO Balti	.more	COUN	Ma	ryland	
	DHMH - 16 60M 7/84 (VRA 15, 4)		mc. March F/H	Inc. 110	1 East N	orth.		250 DATE	REC'D. BY REGI	PRAR 256 REC	SISTRAR'S	IGNAM	RENDE	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR L DECEASED NAME 20 DATE KNOWN V MONTH (TYPE OR PRINT) ESTI-DEATH MATED Diane Braxton 30/19 86 M. & AGE (IN YEARS | IF UNDER 1 YR. SEX 4 RACE 5. DATE OF BIRTH IE LINDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 30/19 86 AM 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) DIVORCED Baltimore City. WIDOWED [] Maryland U.s.a O CITY OR TOWN OF DEATH 12g USUAL OCCUPATION STYPE OF WORK 112h KIND OF BUSINESS IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Johns Hopkins Hospital N/A ISUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 30 STATE 136 COUNTY 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES TV NO [Maryland Baltimore Patterson 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST ALIDDI F MIDDLE Lloyd Braxton Bessie White 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212605067 George L. Rogers 905 N. Patterson Pk 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PRESTON ST. PART I DEATH WAS CAUSED BY Fatty Cirrhosis of Liver IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 4 I CERTIFICATION Hypertensive Cardiovascular Disease 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTOPSY? ABDC DEPARTMENT OF PRÍOR TO BURI 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME II. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW TO FUNKRAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 2 22e. I certify that I took charge of the remains describe Fabe, foold ABDO Autopsy Inspection Inquiry deoth resulted from: Accident Suicide Homicide ___ Undetermined monner Notul TITLE (SPECIFY) ACTUAL DATE 7/31/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 236 LOCATION Maryland Baltimore Burial 8/5/86 King 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE runa Davidson-Mandalas **DHMH - 17** Wm. C. March Funeral Home Inc. 1101 East North Ave AUG (VR A15 ME (5))





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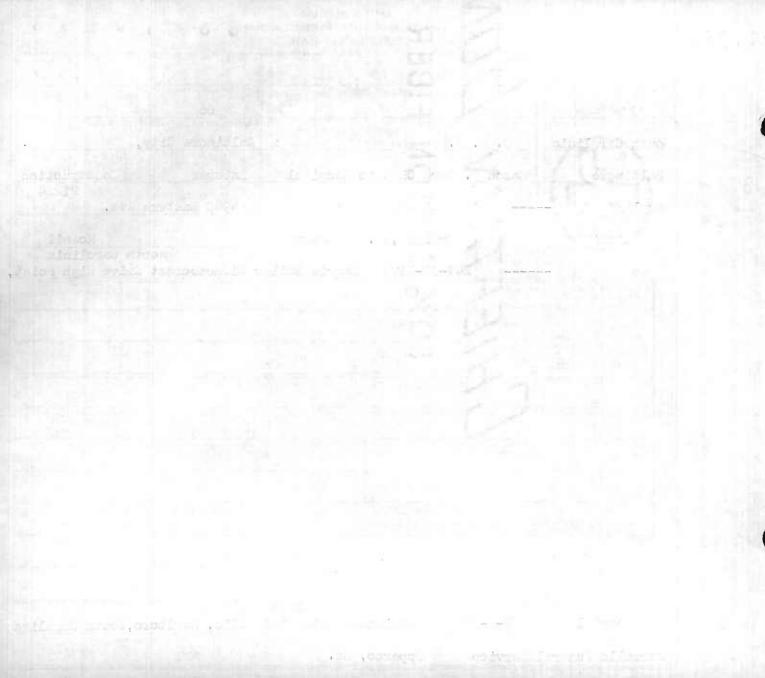
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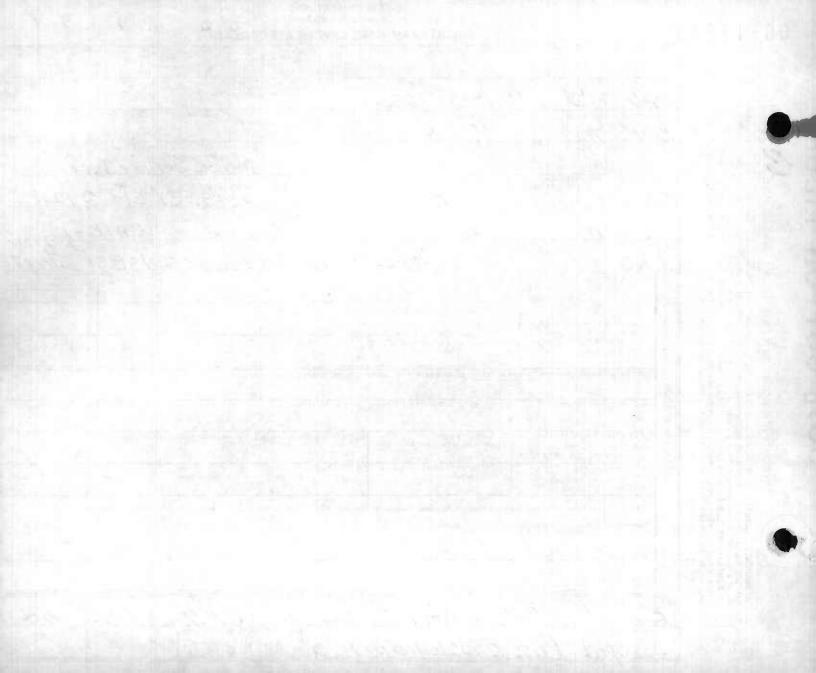
Marzullo Funeral Service

24 FUNERAL DIRECTOR

7-6-86



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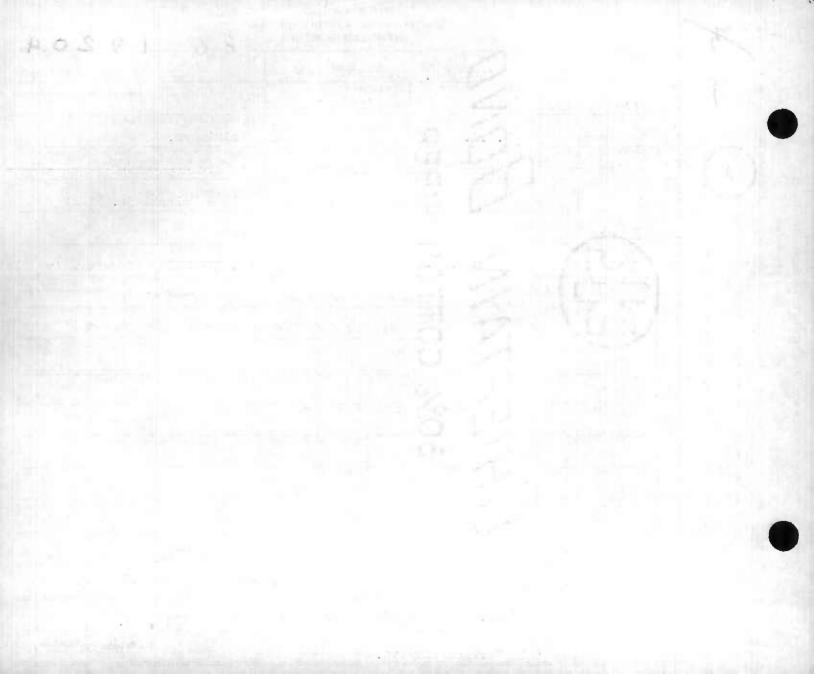
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	2 21		THOM	1AS Henry	Bowse	FR I	07	- 22 - 86	1 A M
	0 00	3 SE		4. RACE	5. DATE OF BIRTH		AGE LIN YEARS LAST BIRTHDA		IF UNDER 24 HRS
	H 35		101 -		MONTH DAY	Y YEAR	12	MONTHS DAYS	HOURS MIN.
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1	a 10 2	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	9	BALTIMORE CITY OR C	OUNTY OF DEATH	
7 6	XX	2	COUNTRY) Donn arrivania	U.S A.		ER MARRIED	BALTIMUR	T CITY	
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2	1 19/30	· U	George	C. Bowser		Emma	J.		oyle
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×	10	6	Yes W.V	V. II 190-12	-4705 Muri	el E. Bow	ser/ Pasad	ena, Md. 21	122
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		236	BURÍAL, CREMATION, REMOVAL (SPECIFY)		Mary Parenetere	TE KEMATORY	23d LOCATION	COUNTY	STATE
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	DHMH - 16 50M 1/B1	24 F	UNERAL DIRECTOR		untain Rd.	25a. DATE R	EC'D. BY REGISTRAR 256	REGISTRAR'S SIGNAT	TURE
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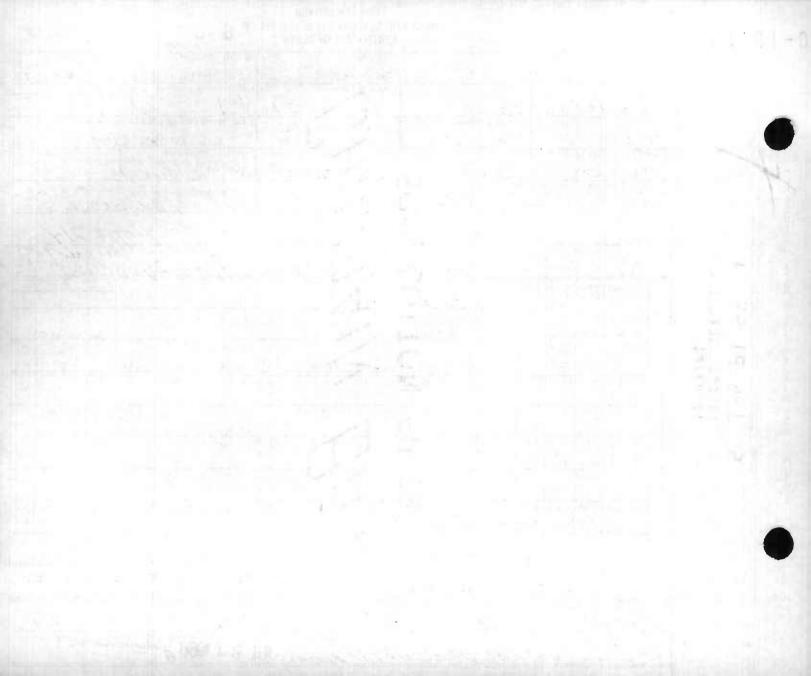
	1,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE	000
-14890		STATE REGISTRAR		CERTIFICATE OF DEATH	8 6 _{EG. NO.}	9 2 0 3
		CEASED NAME FIRST	MIDDLE	PAXINAN		DAY YEAR 26 HOUR
de de		LORAIN		CANAL V	7 30	80 10
-	3. SE	Female	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
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Ther injur	O N	? Haremophilus	s Pheumonia vs.	aspiration preumonia.	-resolving	
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BP	74.5	UNARAS DIRECTOR	1/20	Radoroudge her In	TE REC'D. BY REGISTRAR 25b. REGIST	A too. Ped
DHMH - 16 60M 7/84	100	THE CICK		עואיוון	AND ADDRESS OF THE PARTY OF THE	KAK S SIGNATURE
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STATE OF MARYLAND



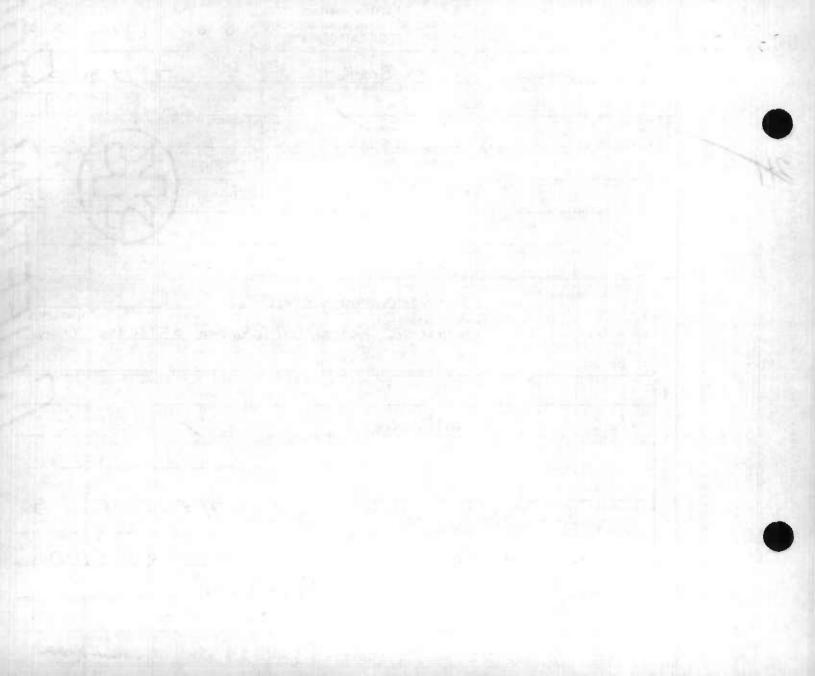
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) GLADYS L. BROOKS JULY 19. 1986 9:57 M 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYEAR IF UNDER 24 HRS 3 SEX YEAR BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION D CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 17h, KIND OF BUSINESS OR (IF NOT IN SUCH EACHITY GIVE STREET ACCRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13h COUNTY 13c. CLTY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT IYES NO OR UNKNOWN) HE YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I DEATH WAS CAUSED BY ardide drrest minute IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Kespiraton Conditions, if ony, which arrest minutes gave rise to immediate with Disseminated cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Candida albicans sepsis Introvascular Convilopet WEEK PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE June 220.1 certify that (1) (this haspital) attended the deceased fram_____ JULY 19 19 86, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated saw the deceased alive on ____ abave, (1) (we) (did) (did nat) view the body ofter death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274. PHYSICIAN'S NAME (TYPE OR PRINTY 22e ADDRESS N. WOLFE ST. -BALTO, MD. ld b E. Serrin adnt Hospita 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURES DHMH - 16 60M 7/84 (VRA 15, 4)



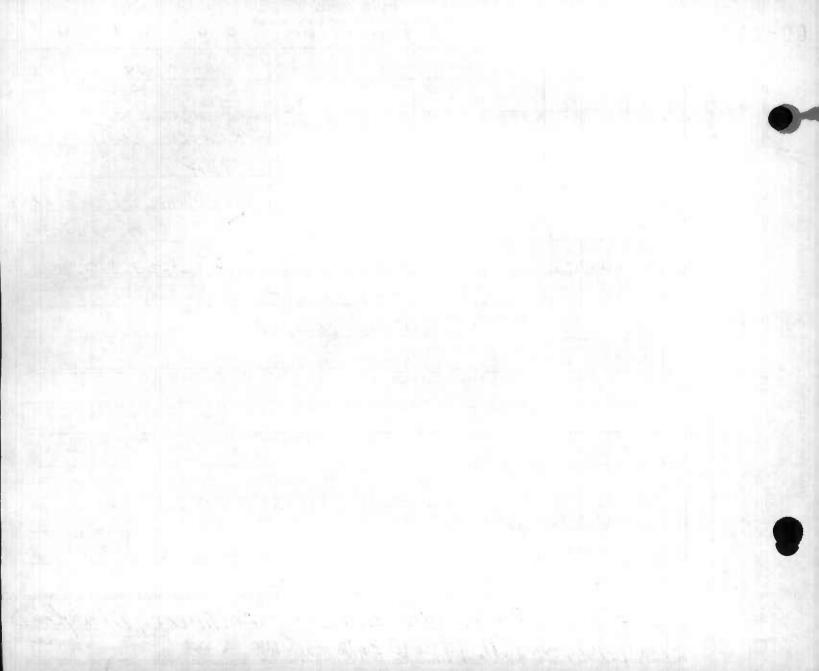
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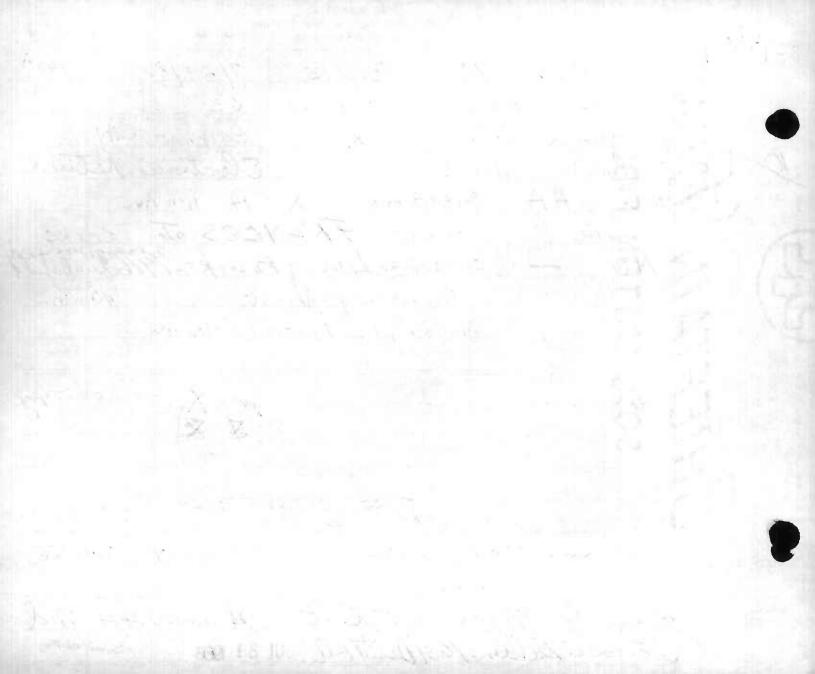
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STATE OF MARYLAND



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	- STATE	DEPARTMENT OF HEALTH AND	in the state of th	19208
	REGISTRAR	CERTIFICATE OF	REG. NO.	
1 1/3	DECEASED NAME THST	MIDDLE	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
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3, 1	SEX	RACE 5. DATE OF BIRTH	YEAR	MONTHS DAYS HOURS MIN,
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2012	BIRTHPLACE INTO GENORIO	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVE	R MARRIED 9 BALTIMORE CITY OR COUL	NTY OF DEATH
1	Maryland		DIVORCED Baltimore	e City MD.
1/1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER IN	ISTITUTION 120 USUAL OCCUPATION	NG LIFE) INDIANA OF AUSTRALESS OR
X	Daltimore	Sinai	Clectrone	Clevred
10	A STATE THE TOTAL POLICE	HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN 113d INSIDE	CITY LIMITS? 130.STREET ADDRESS / ZIP CO	ODE 2/16/
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100	FATHER'S NAME	MIDDLE LAST	P'S MAIDEN NAME	LAST
Lev	Maxie	Brooks 7	KANLES J.	Bracks
1 160	WAS DECEASED EVER 2N U.S. AF	VE WAR OR DATES)	APDRESS S	every make
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afe		DUE TO, OR AS A CONSEQUENCE OF		
900	Conditions, if any, which	(16) Amyotrophic	Lateral Sclerosis	5
3	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		
5	underlying couse lost	(c)		
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5 2		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
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or one injury, or	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERI	FORMED WE AUTOP	0 - 1
Barri dany injury, or	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERI	FORMED YE NO NO CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
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Cestin	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFF MEDICAL EXAMINE 212. IN JURY OCCURRED ACCIDENT CAUSE 220.1 certify that (1) (this hasp sow the deceased alive or	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.) 11 VICENTIAL OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.) 11 VICENTIAL OFFICE FARM TO THE PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.) 12 DEGREE	INJURY OCCURRED TION TET TO TOWN TO	YES, WERE FINDINGS USED YES OF DEATH? YES NO (1) 18 PART I OR PART 2) COUNTY STATE 19 2. that (I) (we) last
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR [TYPE OR PRINT] 16,86 3. SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD. DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTO umca ISUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 71217 13e STREET ADDRESS / ZIP CODE 504 BLOOM ST, BALTO, MD. BALTO BALTO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE JUHN BROWN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF metastatic Canditians, if any, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 19 21d INJURY OCCURRED 211 LOCATION 21ª PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive on abave, (I) (wet (did) (did not) view the bady after death and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deta with the State [7,16,86 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LITYPE OR PRINT 22e ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY () wins DHMH - 16 60M 7/84 (VRA 15, 4)

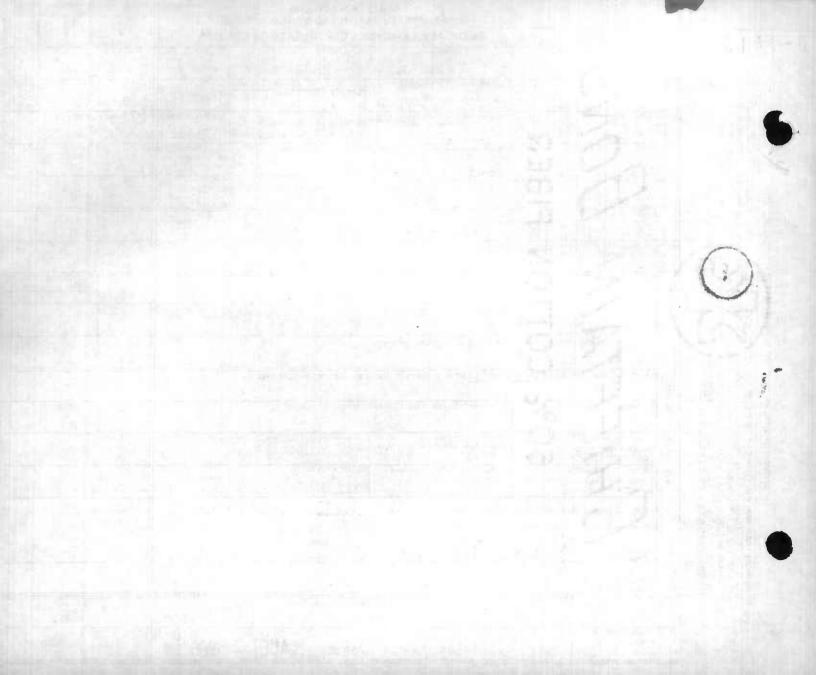


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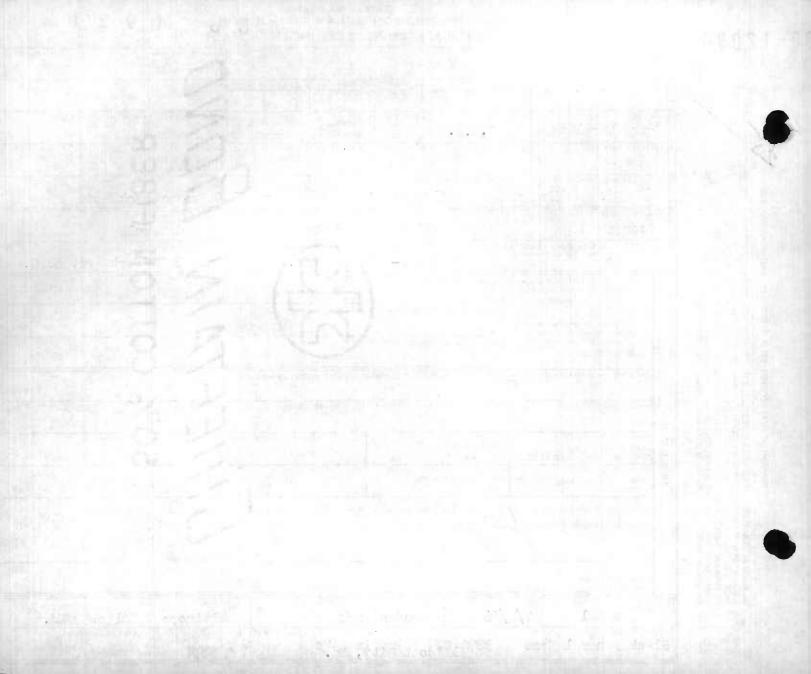
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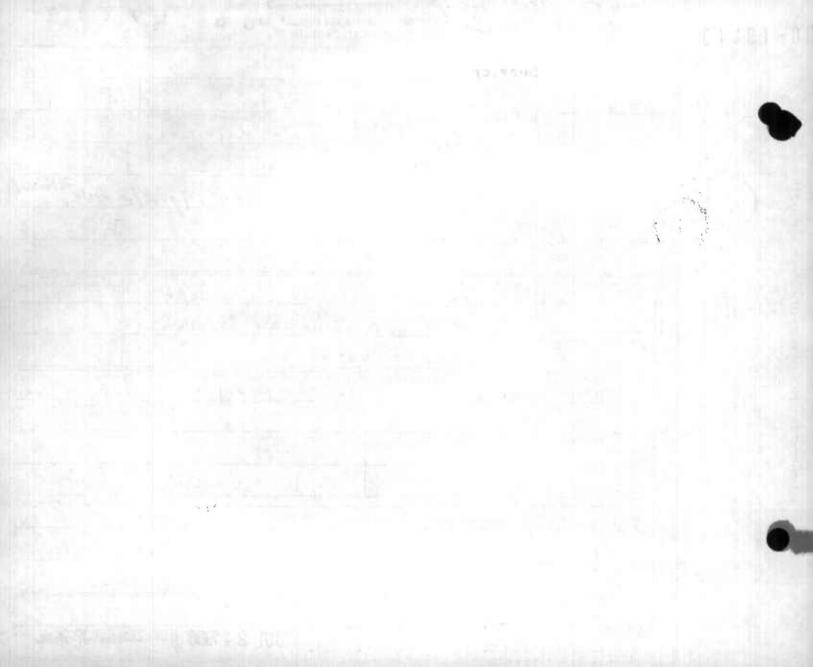
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWNX MONTH (TYPE OR PRINT) JAY IS NECESSART, DIRECTOR. DI THE FUNERAL DIRECTOR. PAGE 5 POR YOUR FILES. PILED, VITHIN 72 HOURS IF FILED, VITHIN 72 HOURS ESTI-BROWN DEATH MATED J. ANTHONY AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 4 RACE DATE OF BIRTH 2d HOUR DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 7-30-86。 4:32A **Black** 5 29 65 Male To BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City Maryland DIVORCED 20 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Baltimore Hospital Unemployed University 13a, STATE 136 COUNT CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 4308 Clareway 21213 BALTIMORE, MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Samue Jefferson Dorothy Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO ADDRESS Unknown Rosa Brown 4308 Clareway 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PRESTON ST PART I DEATH WAS CAUSED BY: Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED W EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENV PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINITY OF UNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRAFIER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENT, BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. MEDICAL CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES E NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING NOR 42:08 AMPNTH subject shot CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STATE 2200 blk. Brunt St. Baltimore, Md. street X 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Homicide X. death resulted fram: Notural causes Accident Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7-30-86 DATE EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL COUNTY STATE Randallstown, 8/2/86 King Memorial Park Md. 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Homes 1100 East North Avenue AUG (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCHENE - STATE REGISTRAR REG NO DECEASED NAME TO DATE KNOWN IN MONTH (TYPE OR PRINT) ESTI-Bertha DEATH MATED Brown 5 DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE Female PRONOUNCED DEAD 1986 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ryland U.S.A. Baltimore City, WIDOWED -O CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore St. Agnes Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Howard le STATE Ellicott City 13d INSIDE CITY LIMITS? Beaverbrook FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDDIE. Ceorge Mary iola Foulk 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS 219-54-4679 3677 Park Ave. E. No Chas. E. Wehland 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) PART DEATH WAS CAUSED BY: SED AS A BURIAL - TRANSIT PERMI F HEALTH AND MENTAL HYGIENE, IAL, CREMATION, OR REMOVAL. Aspiration IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Misplacement of Orogastric Feeding Tube gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WHY THE STATE DEPARTMENT OF HIS BARSHMORE, MARYDAND, 21201 PRIOR TO BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) UNDERLYING TOR subject aspirated on orogastric feeding tube. CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED Bon Secour Ext. Care Fac., Ellicott City, Md. WHILE AT WORK nursing home Autopsy X 220. I certify that I took charge at the remains described above, held an Inquiry and in my opinion Suicide Hamicide L Undetermined monner Natural count TITLE (SPECIFY) ACTUAL 7/5/86 DATE M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Louden Park Baltimore Balto. 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Släck Funeral Home Lelia Davidson (VR A15 ME (5))



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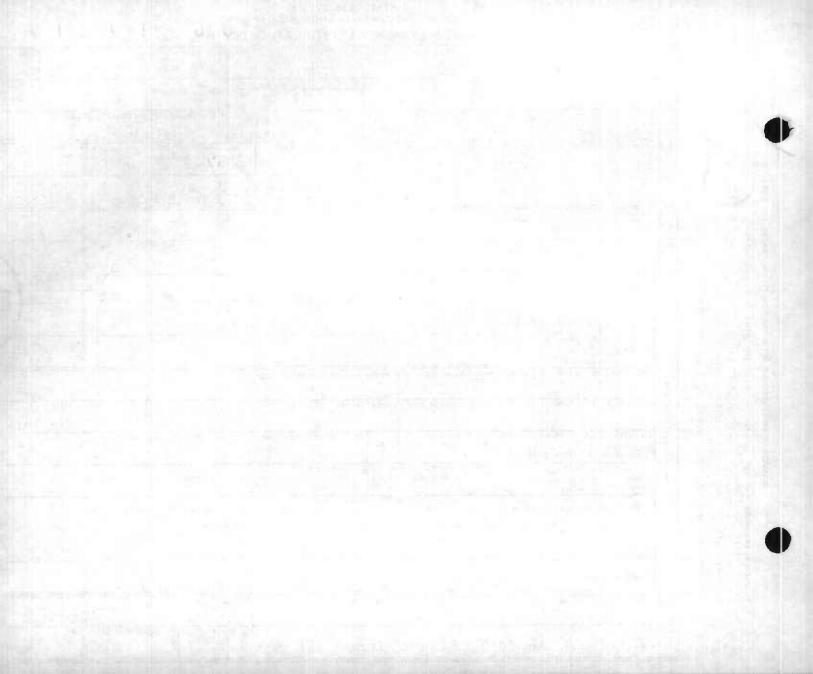
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	6 00	-	3.56		4. RA		1	5 DATE C	F RIRTH	6.	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
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5/1	1	V 2/	1	saltimore	4 (MV	0 + Mary		tospital	1	Housewife	THE INDUSTRI	Orna
2 19	是 }	1 /	USU	AL RESIDENCE (IF NURSING HOA	AE OR OTHER	INSTITUTION	, GIVE RESIDENCE BEF	ORE ADMISSION)		1		Tal .	1990
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E	Day of	111	_										
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-	the phy	mon mon		PART I. DEATH WAS CA	USED BY: DIATE CAL	ISE (a)	Carti	oruly	mory tail	lure			h
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015	400	0 4 C		Canditions, if any, which		DUE TO, C	OR AS A CONSEC		Pectin			-1	
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*	5 5	2 0 d		cause (a), stating the underlying cause last		UE TO, C	R AS A CONSEC	VENCE OF	ovasimle ac	cist.	a. Ac		
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-	世 日	2 4 5		saw the deceased live abave, (lywe) (did)(di					d that in (my) (our) opi	inian dec	oth accurred on the date and h	aur and from th	e causes stated
	A PO H	111		22b. SIGNATURE	a nati view	rne paay	atter death.		DEGREE			22c DAT	ESIGNED
•	0 4 6	19.5		Den	~ D	the	ren/ w	(I)	ATTENDIN	NG _	MEDICAL STAFF	11/	2/21
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-	DHMH - 1	5 50M 7/84		UNERAL DIRECTOR	Balt	to M	d.21230)		DATE R	EC'D. BY REGISTRAR 256. REGI	STRAR'S SIGNA	TURE
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	S NECESSARY, PLEASE EFUNERAL DIRECTOR. E. S FOR YOUR PIES. D, WITHIN 72 HOURS W PRESTON STREET,	3 SEX	14	Mary	5. DATE OF BIRTH	F.	AGE (IN YEA	nc IF I IN	Brown	IF UNDER	24 HRS. 20	DEATH	MAIED	MONTH		19 86	2d HOUF
	REC PE	1			MONTH DAY	YEAR	LAST BIRTHDA	Y) MONTH		HOURS		NUONOS	ICED	Morris			8:371
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WD.	X - X 20 X	14_FA	THER'S NAME		MIDDLE	14	.5T		IS. MOTHE	R'S MAIDE	NNAME	AAI	DDIE			LAST	
2	30530		Henry		7710000	Wil	liams		Hel							rown	
WO	SACOND .		VAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCI	AL SECURITY	NO.	17. INFORM	TANT	71.5		ADDRES	S	17.0		
BALTIMORE	A H B B B B B B B B B B B B B B B B B B	n		(IF YES, GIVE	WAR ON DATES)	2124	26621		Edit	h Car	ter 1	111	North	r Ful	ton	Aven	ue
	SO SE SE		18. CAUSE OF	DEATH (Enter on	ly one couse per line	for (a), (b),	ond (c).)								A	PPROXIMATI	INTERVAL
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010	A PEOPLE			INVICOIN	DUE TO, OR												
PRESTONSI	WITHIN 24 FINCIL IN ITEA AINER ALON TRANSIT PER VITAL HYGIEN OR REMOVAL			, if any, which	(4.)												
*		-	couse (a) s	to immediate tating the <u>under-</u>	DUE TO, OR	AS A CONS	EQUENCE C	F									
201	N A A P		lying couse	e lost.	(6)												
	XECUTED WITH JG" IN PENCIL SAL EXAMINEI BURIAL - TRAN AND MENTAL ATION, OR RE		PART 2 OTHER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATE	O TO THE TERMI	NAL DISEASE	OF CONDITION	GIVEN IN PAR	Tlio				-		
RECORDS	FR: THIS CERTIFICATE SHOULD BE EXECUTED WATE, WRITING THE WORD "PENDING" IN PENORWARDED TO THE CHIEF MEDICAL EXAMINE: PAGE 3 SHOULD BE USED AS A BURIAL - THE STATE DEPARTMENT OF HEALTH AND MENIAL). CREMATION, OR US 21201 PRIOR TO BURIAL, CREMATION, OR	Z	19.37														
ME.	L CAA MEN	MEDICAL CERTIFICATION	19a DATE OF C	PERATION	196. CONDIT	ION FOR W	HICH OPER	ATION W	AS PERFORA	MED?					20	AUTOPSY:	,
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DIV	S CE RELEGIE	X.	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC	.)	5	TREET		4	CITY OR TOV	VN	(OUNTY		STATE
	THI WAN PAC 212		AI WORK	AT WORK					[37]								
	EXAMINER: THI CERTIFICATE, W ULD BE FORWA U DIRECTOR: PAC I, WITH THE STA MARYLAND, 212	30	22a certify		e of the remains desc	ribed above	e, held on	Autop	sy X	Inspection	L.	Inquiry	L 0	and in my	opinion		
	WE REFER		death resulted	from: Natur	ral couses XX,	Accident	, Sui	ide 📗	, Homici	ide .	Undeterr	nined mo	nner	,			
	CERTIFICANO CERTIFICANO B B DIRECTOR WARY		ACTUAL	1/1/		01			TITLE (SP					DAT			
	A HANGE		SIGNATURE_	11/1	-	for	_	M	Assis	stant	MEDIC	AL EXAM	INER	. DATI	VED	7/14/	86
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, I BALTIMORE, M		(TYPE OR PRIN		illiam M.				ADDRESS				Balto	.MD.			
	FEE 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ON, REMOVAL 2		23c NA	AME OF CEN	ETERY O	R CREMATO	RY	23d LOC	TOWN		cc	YINU	51	ATE
07/84 25M	BP		rial	0.0	7-18-86	Ar	butus		- 1	f. D		utus				laryl	and
20141	DHMH - 17	Wm	NERAL DIRECT	ок Ь 〒/ш т∽	c. 1101 E	o at Ma	and la A		2	So. DATE	ECID. BY R	1986	RIZALINEC	METRARS	SIGNAT	TRE	
	(VR A15 ME (5))	114111	· C · Plat C.	n r/n III	ic. TIOI E	ast No	orth A	venu	9	200							



Meyers Balto., MD PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY STATE and that in (any) (aur) apinion death occurred on the date and have and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) J.R. Gladue, MD Deaton Medical Center, Balto., MD 230. BURIAL CREMATION, REMOVAL 235, DATE 23c. NAME OF CEMETERY OR CREMATORY 7/15/86 Burial Pleasant Grove Boring, Balto. Co., MD 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4905 York Road Balto., MD 21212 (VRA 15, 4)

STATE OF MARYLAND

YEAR

INDUSTRY

25. HOUR

126 KIND OF BUSINESS OR

Telephone

DHMH - 16 60M 7/84

orse White Nov. 11, 1908 viio enominista y Epitimone Ceaton Madical Senten Copyritor Teluchons Balto. > 407 Woodford Rd., 21212 and the contract of the contra 1 ve 11. r. ania duna, asita., No Conton wait 1 Center, Balto., ND Euril 7/15/82 Plassant Crava Sering, Balto, Co., NO First V. Junina & Bon O. Mass Yengroul Eaths, Augusting

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

Cardio mego for they CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART A 10 Ct hern 1 Dare 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED OLL Court antally town 230 BURIAL, CREMATION, REMOVAL Burial CITY OR TOWN 7/11/86 Garrison Forest Garrison Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE and decemply by stable Chas.A.Rice FSPA 1300 Eutaw Place

STATE OF MARYLAND

26 HOUR

IF UNDER 1 YEAR

INDUSTRY

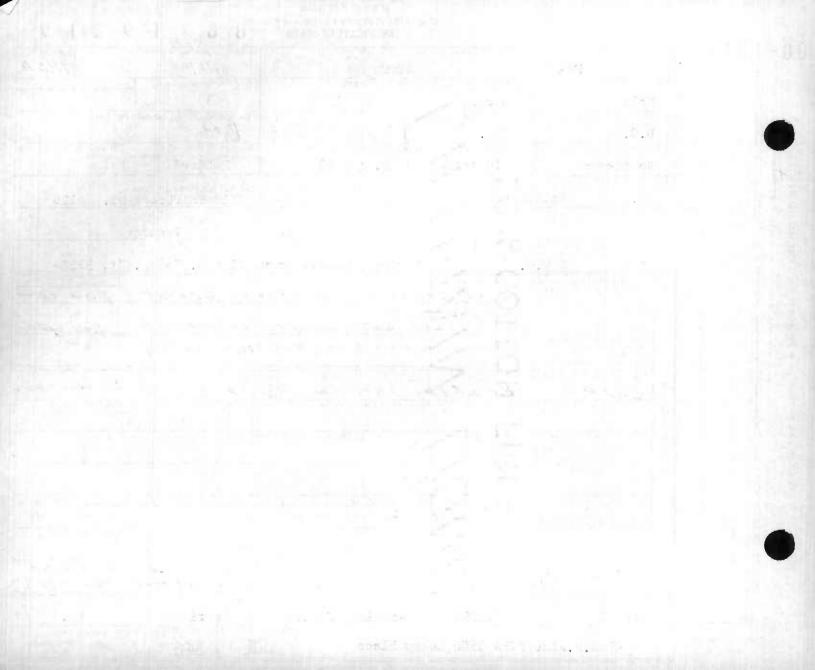
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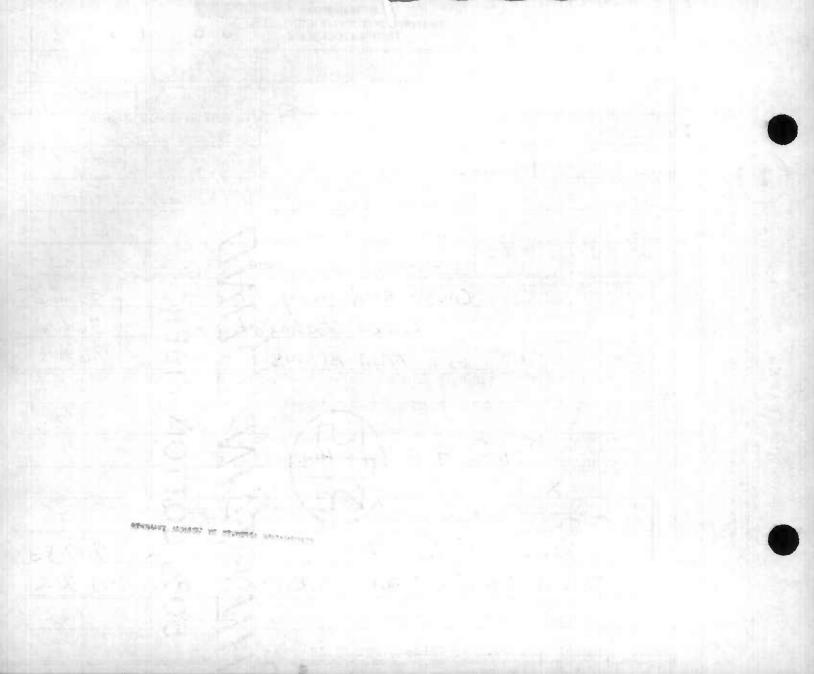


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noy be poge 3		EASED NAME FIRST	TON MIDDLE	BROWN	20. DATE OF	DEATH MONTH	2 86	10 33A
director, p	3. SE	HALE	BLACK	S. DATE OF BIRTH	10 7	YRS.	MONTHS DAYS H	OURS MIN.
oneral and 22		TY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUN	MARRIED NEVER M	ORCED Pal	ECITY OR COUNTY	City	MD.
by the fi	1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE S	Hasp	120 USUAL C (1YPE OF WORK retir	CCUPATION FOR MOST OF WORKING LIF	E) INDUSTRY	et offic
y filled in should be ermular be	13a S	TATE 13b. CO	DUNTY 13c, CITY OR	TOWN 13d INSIDE CIT	IY LIMITS? 130.STREET A	6 WOOD		9ve 2121.
uted with		FIRST COLORAL VAS DECEASED EVER IN U.S.	APMED FORCES? 144 SOCIAL		IRST SIC	ADDRESS	Brown	<u></u>
be exect on and as. Poges		LES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES] 220-0	2-1469 Carr	ie Brown	3606	Woodb	ine Aus
	P	PART I. DEATH WAS CA	only one couse per line for 10 11(b) USED BY DIATE CAUSE (0)	io tecpirator	y ownest		BETWEEN ONS	TE INTERVAL SET AND DEATH
W. PRESTON ST., of the deoth certification of the ottending physic remove carbonp cremation, ar remains ther troumatic even		Conditions, if any, which gave rise to immediate		a of unbi	war out	in	/	days
201 W. Fes that the please reported by the please reformal, creming, or other		couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN	DOL TO, OK AS A COINS	hypogryeen	in + Lypo	thermi	en IN PART I I I	
NG PHYSICIAN: The law requires the outending physician. After this certificate has been signed be as the burial-transit permit. Then plea th and Mental Hygiene prior to burial, orked or them 18 shows any injury, or corked or them 18 shows any injury, or contents.	ATION	DOV. M	nanfran	O CLOCIC	5	PSY? ZOb. IF YES	, WERE FINDING	S USED
VITAL RE U: The la ysicion. cote has ansit perit Hygiene p	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c HOW INJ	YES	NO YE		NO [
VISION OF VITAL 3 PHYSICIAN: The intending physicio er this certificate by the burial-itransit and Mentol Hygie ked or item 18 sha	WEDICAL	OR CONTRIBUTING CAUSE OF LIFETHER NOTHY MEDICAL EXAM 21d IN JURY OCCURRED	P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211. LOCATIO	N	CITY OR TOWN	COUNTY	STATE
O O O E	W	AT WORK THOUGHT TO AT WORK TO AT W	(AT HOME STREET, FACTORY, OF	7/1/	19.86 10_	7/2	8/0	ot (I) (we) lost
haspiris ATT haspiris Hed for them 21 Hem 21		ngw the decreased alive obove, (f) (we) (did) (did 17h SIGN TURE	I not view the body after death.	DEGREE	aur) opinion death occurred	on the date and hou	22c DATE SIG	
RAL RAL NT:		228 PHY CIANS HAMS	My	22e ADDRESS		STAFF PHYSICIAN	17/4	100
TO HOSP reformed 1 TO FUNE should be with the 5 IMPORTA	23a I	URIAL, CREMATION, REMOV	VAL 23b DATE	231. NAME OF CEMETERY OR C	W HILLYE	KTIACE	Wagn	al all
BP DHMH - 16 50M 4/83		Burial JINERAL DIRECTOR		Woodlawn Cem.	25a. DATE REC'D. BY RE		RAR'S SIGNATUR	
(VRA 15, 4)		Wm C March	r F/H West 4300	Wabash Ave.	JUL 8 1	986	injohan fur	بالارمال

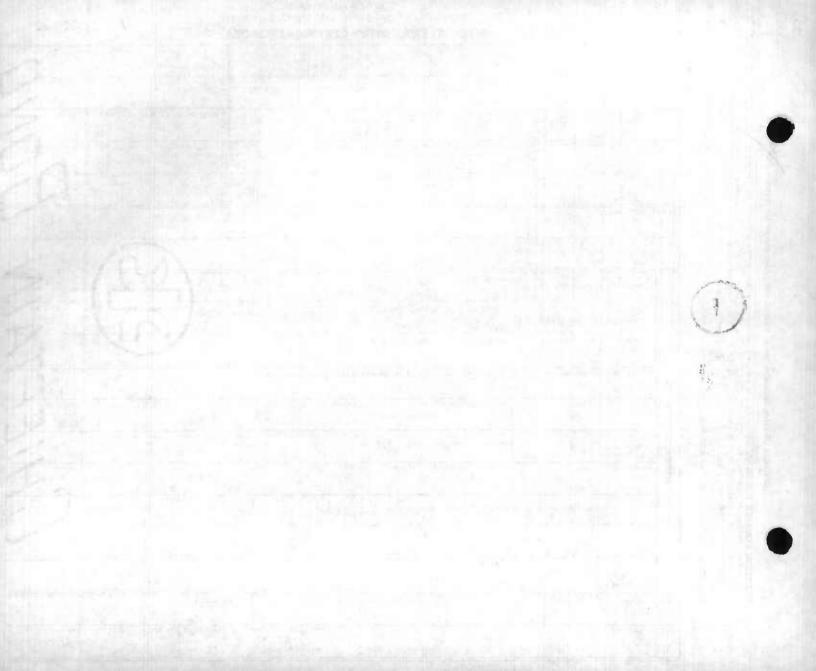


Bailey Funeral Home 1348 N. Calhoun St. 21217

DHMH - 16 50M 1/81 (VRA 15.4)



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	JRS. ES.			THURN	WAN -			В	ROWN.	Sr.			MATED	□ 7	28	19 86	
	PE CTO	3. SEX	4 RAC	E	S. DATE OF BIRT		6. AGE (IN YEA		DER 1 YR.	IF UNDER	24 HRS.	10. DATE		MONT	H DAY	YEAR	28 HOUR
	DOUR DOUR DN S	Ma	ale Bla	ck	1 12	44	42 YE		DAYS	HOURS	MIN	DEAD		7	23	1986	9:3:
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	IS NECESSARY PLEASE FLUNERAL DIRECTOR. E 5 SOR YOUR FILES. ED, WITHIN 72 HOURS W PRESTON STREET,		Md.		USA			WIDOW		DIVORC		Balt	imor	e Cit	v		ААГ
9/	5 H H G X	10. CI	TY OR TOWN OF DE	ATH	11. NAME OF HO	OSPITAL, NU	RSING HOME	, OR OTHE	ER INSTITUT	NOIT		JAL OCCU	PATION (IND OF BU	SINESS+
10	DELAY IS N TO THE FU PAGE 5 BE FILED, DS, ZOW		Baltimore		344 Br						FOR	MOST OF WOI	RKING LIFE)			ty Sai	
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MD.	7.6.8	14. F.A	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	R'S MAIDE	NAME		AIDDLE			LAST	
RE,	2022 E		James	E	•	_	own			nnie			WIDDE	Rick	nards		
WO	SS O P E	16e. V	VAS DECEASED EVER		MED FORCES?	166 SO	CIAL SECURITY		17 INFORM	MANT			ADDRE	SS	131 4.	7011	
201 W. PRESTON ST., BALTIMORE,	S AFT GIVE ITH F PAGE IVISIO		Vo			215-	40-287	1	Pat	ricia	Bro	wn	271	9 Pre	sbur	ry St	
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	95050 95050				(c)												
DIVISION OF VITAL RECORDS,	MEDICA ME	NO	PART 2 DIHER SIGNIFICAT	NT CONDITIONS C	DATRIBUTING TO DEA	TH BUT NOT RELA	ATED TO THE TERM	INAL DISEASE	DR CONDITION	GIVEN IN PA	RT 1 (a)						
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AT/	SERVICE TO	Ē														YES 🔀	NO 🗌
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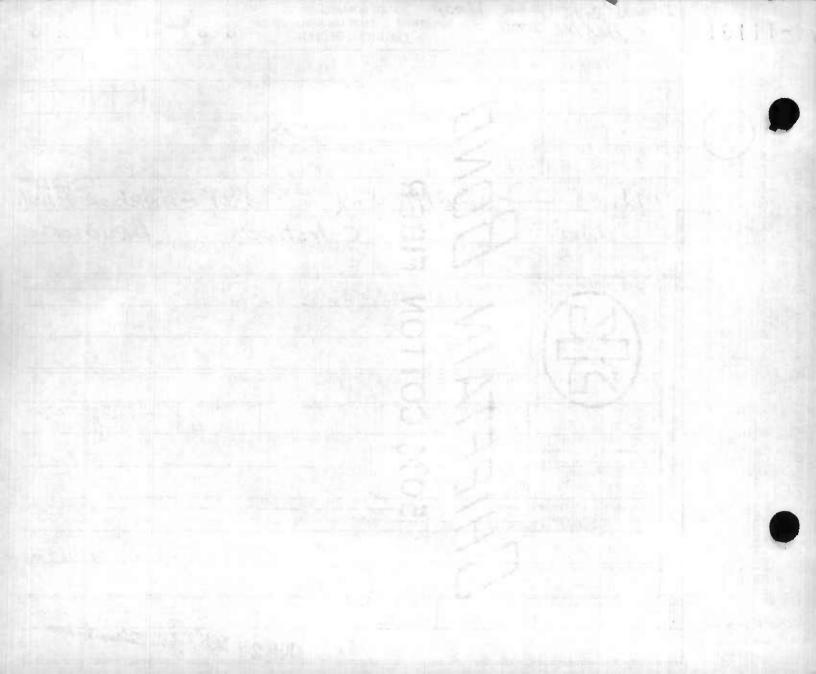


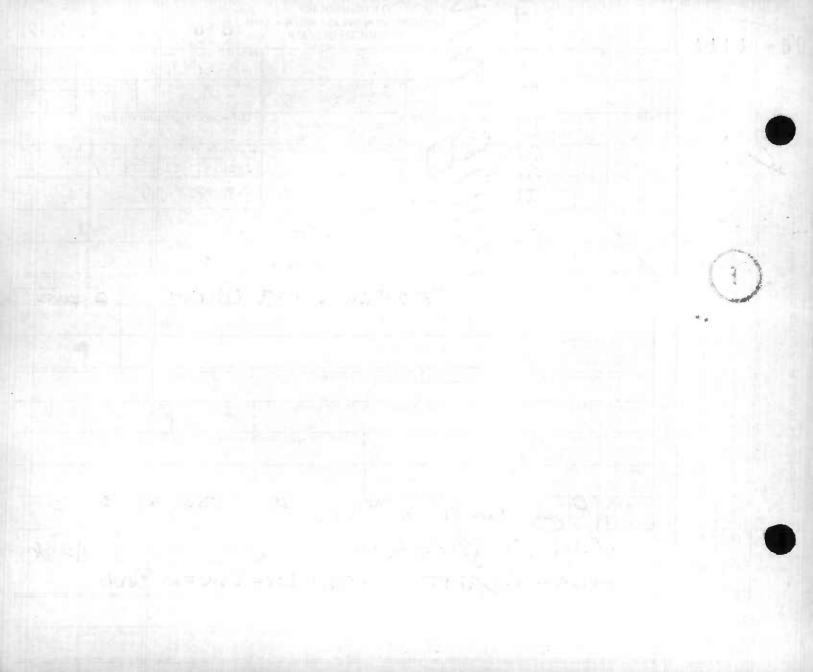
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E CHIEF MEDICAL EXAMINER ALONG BE USED AS A BURIAL-TRANSIT PERMI NT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL.	7	Canditio gave ri cause (a lying can	ns, if any, which se to immediate) stating the <u>under-</u> use last.	DUE TO, OR	AS A CON	SEQUENCE OF			IVEN IN PART	1 a			BETWEEN ONSE	
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7 57		220 I certi death result ACTUAL SIGNATURE		e of the remains described all causes	Accident	[VP] 2		Hamicide TITLE (SPE	CIFY)	Undetermin	ed manner	and in my ap DATE SIGNE	nion 7-30-	86
TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYI		EXAMINER'S (TYPE OR PRI	NT)	Margarita				DDRESS				Street		
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	11.	FOR STATE			EALTH AND MENTAL HY	GIENE 8 6	9 2 2 8
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6 65	3. SE		4. RACE	S. DATE O		6. AGE (IN YEARS LAST BIRTHD Y)	IF UNDER 1 YEAR IF UNDER 24 HRS
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1 33 41	7	0 21 -1	(IF NOT IN SUCH FACILITY, GIVE S		P + T A	(TYPE OF WORK FOR MOST OF WORKING II	
1 19 /87	1 1	SALTIMORE	6007	SAM	NKITAN	Tool maker	Beth. Stee
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1 1	MA E	ATHER'S NAME	- · · · · · · · · · · · · · · · · · · ·	LO.	15 MOTHER'S MAIDEN NA	145	
1 15/12	X	FIRST	MIDDLE LAST		Time?	APT MODILE / B	21236
1 19/12	Ψ		Bujnovsky		Mary	Hager	
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中 五百五 年			(c)				
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# ###	CERTIFICATION						<u> </u>
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59 81857	対策	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR		
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95 1124	1	WHILE NOT WHILE AT WORK					
00 4 10 8		22a I certify that (I) (this hospi	tal) ottended the degeased fro	om	7//1986		19. 8 7 , that (1) (we) la
## 8 FF E		saw the deceased alive on obove, (1) (we) (did) (did no	7/1/1	9 \$ 2.00	nd that in (my) (our) opinian	death accurred an the date and have	-
A D D E		22b. SIGNATURE	t) view the bady after death.		DEGREE	<u> </u>	22c. DATE SIGNED
8 8 8 8 8		1/20/7/	1 1000 11		ATTENDING	MEDICAL STAFF	, IM. DATE SIGNED
E. 384		ver 1-	ime.		PHYSICIAN [DIRECTOR PHYSICIAN	
HOSPITA HUNERA Me be de TITAL SEL	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e. ADDRESS		
THE PARTY OF THE P	100						
5	230 5	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
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RP	-						
DHMH - 16 60M 7/B4	14.5	Schumunek Fur	neral Home	Inc.	25e DAT	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)		3331 Brehms I			21213	111 7 4000	
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ge 4 may be ector, page 3 rs after death	3 SE	M	4. RACE	5. DATE	H DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UND	DAYS HOURS MIN.
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E, MARYLE completely 1 and 2 sh	14. E/)	ATHER'S NAME FIRST		AST	15. MOTHER'S MAIDEN NA	200 Land	B	LAST
TIMORE,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (# 4ES, GIV	MED FORCES? 16b SOCIA	AL SECURITY NO.	17 INFORMANT	ÅDDRE	ESS	
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equires to signed Then ples retaburion injury, or	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION	NG TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 110
TAL RECOR	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	YES NO	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH? NO [
SION OF VITA PHYSICIAN: Th ending physiciate this certificate the bunditronsit di Mental Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PART 2)
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NDN No la conse		220 I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did a	6.1 0	19 86	nd that in (my) (our) apinion	death occurred on the de	17-64	, (()
F 0000 +		276. SIGNATURE Sul	which, Mi	>		MEDICAL STA	FF _/	2/3/86
TO HOSPITAL retained by the TO FUNERAL should be det with the State		CAROLE S		10	SINA H	OSPITAL		
BP	23a. I	BURIAL, CREMATION, REMOVAL SPECTY CKEMATION UNERAL DIRECTOR	23b. DATE 2-/3-86	231 NAME OF	CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	COU	NIY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME SINAI Ho:	PITAL 24°	DORESS W. BE	Lucdenz "	NE 25 WOAR	7 REGISTRAR'S	SIGNATURE



STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 19230

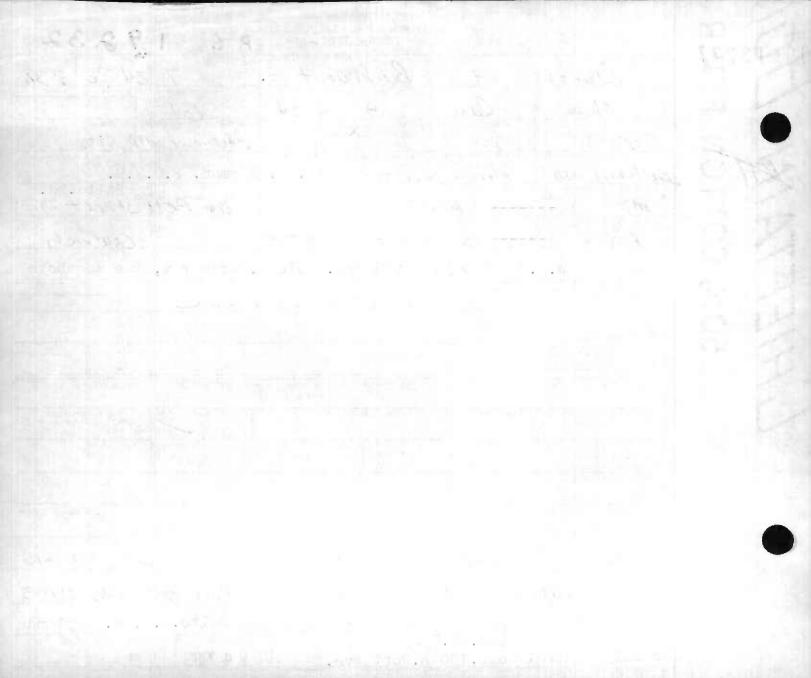
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The Birtheflace State of Horizon The Citizen of What Country The C		3. SEX	K	4	RACE		5. DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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It fathers name	2)	730. 5		136 COUNT	Y	0 .					_ }	A 1	21209
J. Piersol 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 167 SOCIAL SECURITY NO 177 INFORMANT 187 DEALER OF DEATH Finer only one course peri. For (o), 155 and (c) 188 CAUSE OF DEATH Finer only one course peri. For (o), 155 and (c) 189 CAUSE OF DEATH Finer only one course peri. For (o), 155 and (c) 180 CAUSE OF DEATH Finer only one course peri. For (o), 155 and (c) 180 CAUSE OF DEATH Finer only one course peri. For (o), 155 and (c) 180 CAUSE OF DEATH Finer only one course peri. For (o), 155 and (c) 180 CAUSE OF DEATH Finer only one course peri. For (o), 155 and (c) 180 CAUSE OF DEATH Finer only one course peri. For (o), 155 and (c) 180 CONDITIONS (SENTRIBUTING TO DEATH BUT FOR FINE ONE) 180 CONDITIONS (SENTRIBUTING TO DEATH BUT FOR FINE ONE) 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying course lost. 180 COURS (o), 1 stoling the underlying t		14. FA			27771			y-v	MAIDEN NAM	AE		/	
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18. CAUSE OF DEATH LENter only one couse per law for 101, 151, png (c.) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 101 DUE 10. OF AS A CONFEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT OF RELATED TO THE TERMINAL DISEASE OF CONTRIBUTING COUSE IN INCERTIFYING CAUSES OF DEATH PART 101 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF RELATED TO THE TERMINAL DISEASE OF CONTRIBUTING COUSE DISTANT HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CCCORNT WAS UNDERTRING 1215. TIME OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CAUSE OF DAY WAS A CONTRIBUTION OF NUTURY HOUR A.M. MONTH DAY YEAR 192 18. CAUSE OF DAY WAS A CONTRIBUTION OF	7												
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MOBILE DAY YEAR	0	AT	DATE OF OPERATE	ON	196 CONDIT	ION FOR WHI	ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY	? 20b IF	YES, WERE FINDIN	NGS USED
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NAME ADDRESS		L '	Entombment		7/14/	86	Druid I	Ridge C	em.	Balt	imore,	Md.	STATE
MITCHEIL WIEDEELD HOME INC. 6500 Years Bd IIII & A moo I . A hadele	4	24 FU				ADDRES		1-11	250 DATE	REC'D. BY REGIS	201 00		
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(VRA 15, 4)



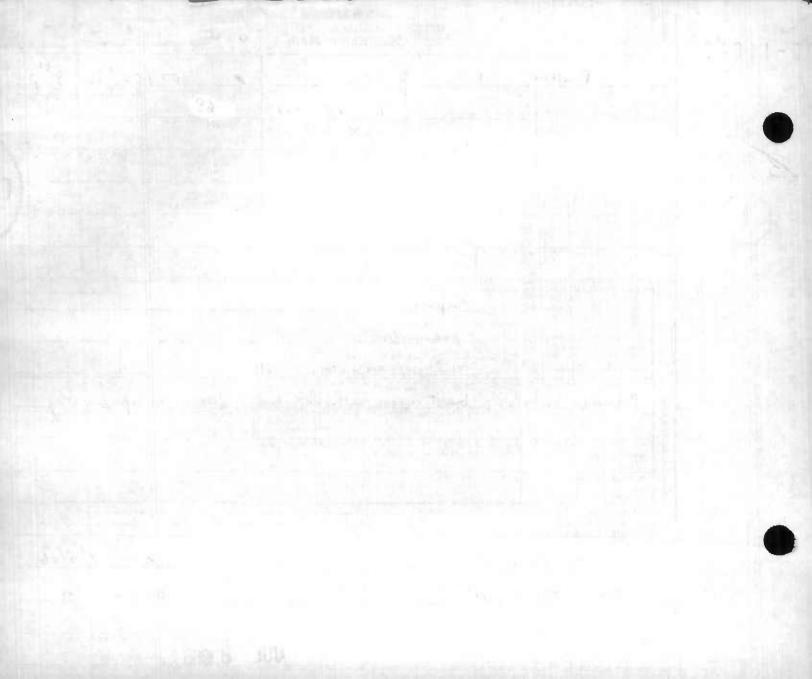


	T	tems 11-15 TP		SPSTATE OF MARYLAND		10233
	1.	FOR STATE 7/31/86 7	AD DEPARTM	MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	9	1 7 6
0 - 1 3 3 5 7		CEASED NAME FIRST OR PRINT) B6 Ka	thleen L	Burkindine	REG. N	OH 12 St. HOUR
ge 4 moy rector, pog	3. SE	female	white	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	YRS DAYS HOURS MIN.
nerol di n 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	CHY MD.
ofter d			(IF NOT IN SUCH FACILITY, GIVE STREET		170 USUAL OCCUPATO	
a Paris of P	13a.	d. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	YES NO	4130 K	Aymonn Au 21213
Simple ded MA		Aurthur L	PLAIS BUCK	IS. MOTHER'S MAIDEN	ell Terre	LAST
be execution and control on and control or medical		VAS DECEASED EVER IN U.S. ĀR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166. SOCIAL SECU	IRITY NO. 17 INFORMANT	ADDR	
		PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), on D BY: E CAUSE (o)	Pulmonary	Airest:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W. Plot the by the sase rem ather to at		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF		
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he low re on. hos beer permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SION OF VITAL PHYSICIAN: The ending physicio this certificate the burial-transit ad Mental Hygie d or item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
DIVISION DING PHYS or ottendin After this c e os the bur olih and Me	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK A	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
O O O E		22s I certify that (I) (this hospit saw the deceased alive on, above, (I) (we) (did) (did not	tol) attended the deceased from	, and that in (my) (our) opin	ion death occurred on the di	to ond hour and from the causes stated
toche be		22b. SIGNATURE	Luan	MO ATTENDING PHYSICIAN		
TO HOSPITAL retained by the TO FUNERAL should be detained by the Store I with the Store I will be a store I with the Store I will be a sto		120 PHYSICIAN'S NAME AVE OF	1	22e. ADDRESS		1//
BP	23a. I	BURIAL, CREMATION, REMOVAL		SINA! HOSPITA	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR	ADDRESS ADDRESS	BILVEDERE #	DATE REC'D. BY REGISTRAR	25b, REGISTRAR'S SIGNATURE

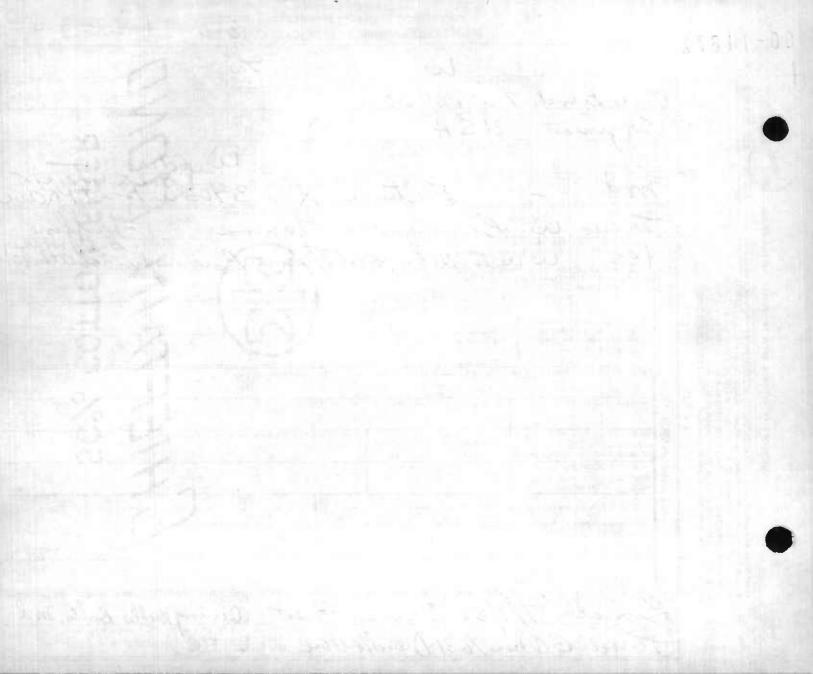


nn east euclie Nov. 8 1-7 linors of . A. . . U Union was and I have it is corner. I since . --- [---ello. vi nev nroudski za cile . 554 Ener Euro Janie A. ___ Theresal . I, ilor no con ni r.c 1 177 Delieus Craie M. D. Union Nemorial Horaltal, Ealer, Nd. White Hell 3150. [=]*** anes ser W

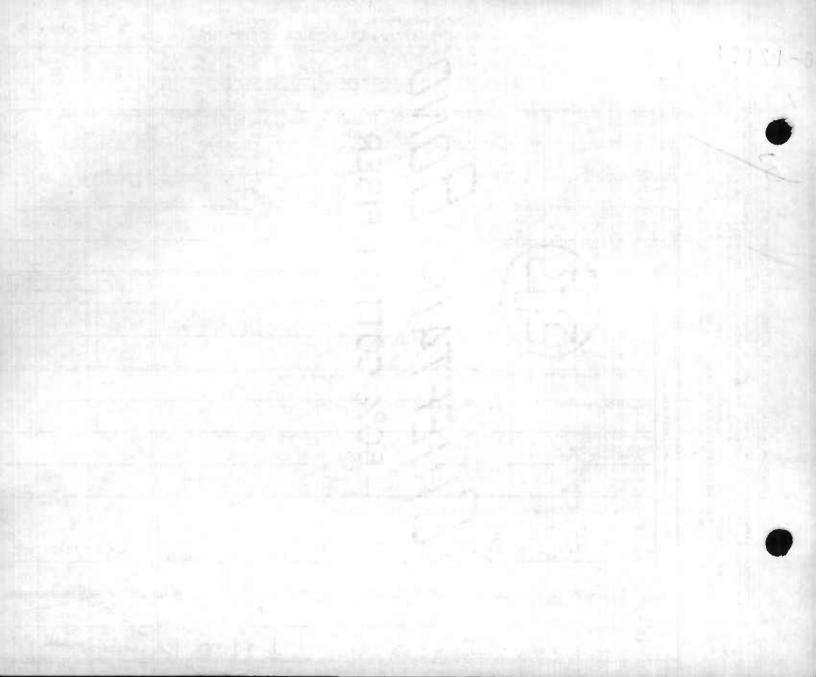
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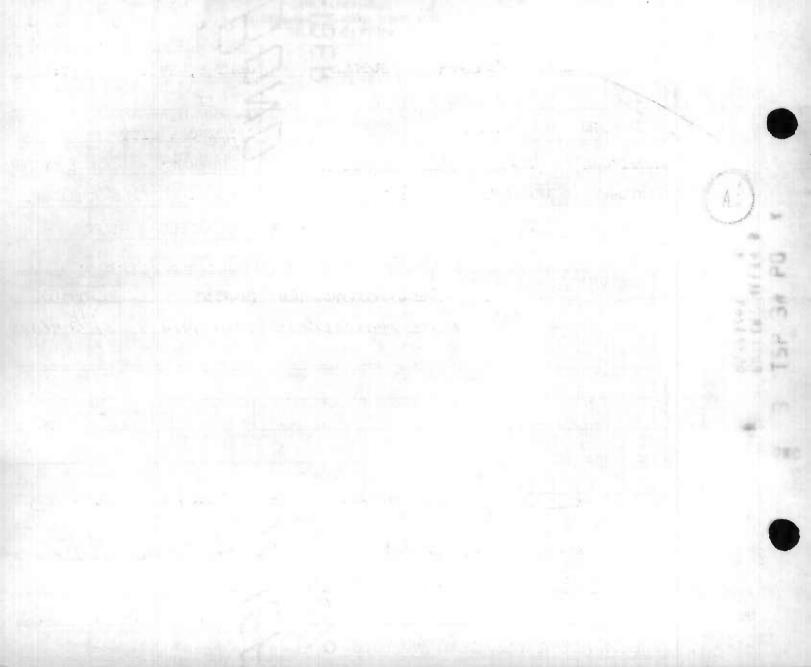
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGISAIE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN TI MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 86 James 5 19 6. AGE (IN YEARS 4 RACE 2d HOUR 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE :59 PRONOUNCED 19 86 DEAD 6 a 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, WIDOWED DIVORCED 12b KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Baltimore 3405 W. Forest Park Avenue LIF IN NURSING HOME OR CTHER PASTITUTION, DAY RESEL 13b COUNTY 4. FATHER'S NAME 160 WAS DECEASED CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) STWEEN CHIEF AND DEATH PART I DEATH WAS CAUSED BY Hypertensive cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Diabetes mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE OF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFFER DEATH, WITH THE STATE DEPARTMENT. BALTIMORE, MARYLAND, 21201 PRICE TO ELL 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection XX 22a I certify that I taak charge of the remains described above, held an Inquiry and in my apinian death resulted fram Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 7/7/86 M.D. Assistant MEDICAL EXAMINER SIGNATURE SIGNED. EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto .MD. TYPE OR PRINT ADDRESS 23d. LOCATION 07/84 25M 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

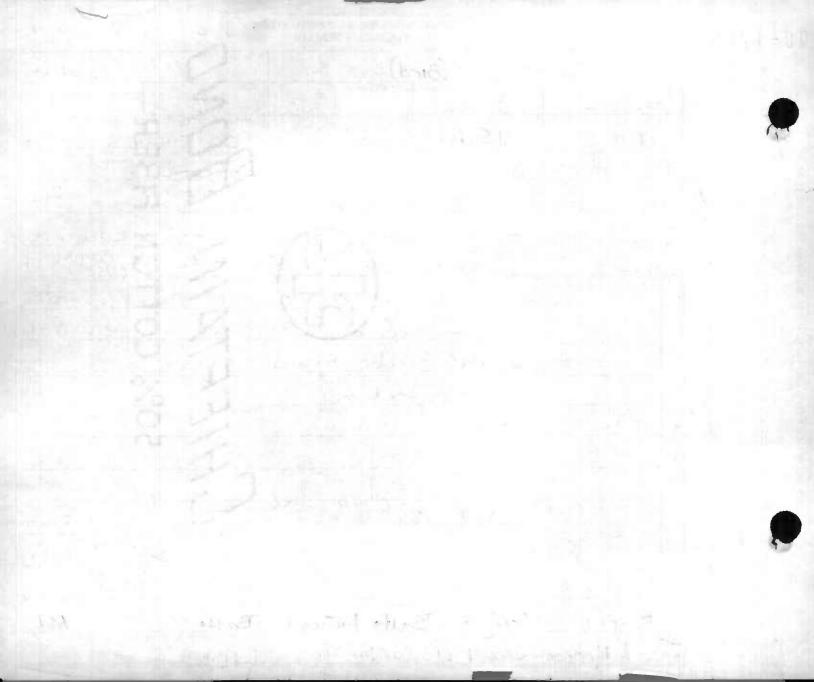


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN S MONTH L HOUR (TYPE OR PRINT) OF ESTI-FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET, Dana Andrea Burton DEATH MATED 8 1986 4 RACE 3. SEX AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DAY 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 10PM DEAD 1986 YRS 10 66 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, DIVORCED WIDOWED Maryland II.s.a. IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION I TYPE OF WORK 12h KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore 2200 Blk. Tucker Lane N/A 器 SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION 136 COUNTY 13¢ CITY OR TOWN 13d INSIDE CITY FIMITS? 13e STREET ADDRESS Baltimore Maryland Schroeder Street 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 20 M Andrew Burton Jackson Dorothy 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO, OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 214782081 Dorothy T. Jackson 237 N. Schroeder St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gunshot wound to head AND MENTAL HYGIEN ATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF CAL EXAMINER A BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CHIEF MEDICA USED AS A B CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTJMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY
HOUR AND MONTH DAY YEAR 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR CONTRIBUTING CAUSE OF DEATH 9: 48 M 8 10 86 Subject shot 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK 2200 Blk. Tucker Lane Baltimore MD street 220 I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinion Hamicide X Undetermined manner death resulted from Natural causes Accident TITLE (SPECIFY) 7/9/86 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.M.D 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Maryland 7-12-86 Baltimore Burial 07/B4 Mount Auburn 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ina Day Som Parplette. ADDRESS (VR A15 ME (5)) Wm.C.March F/H Inc. 1101 East North Avenue



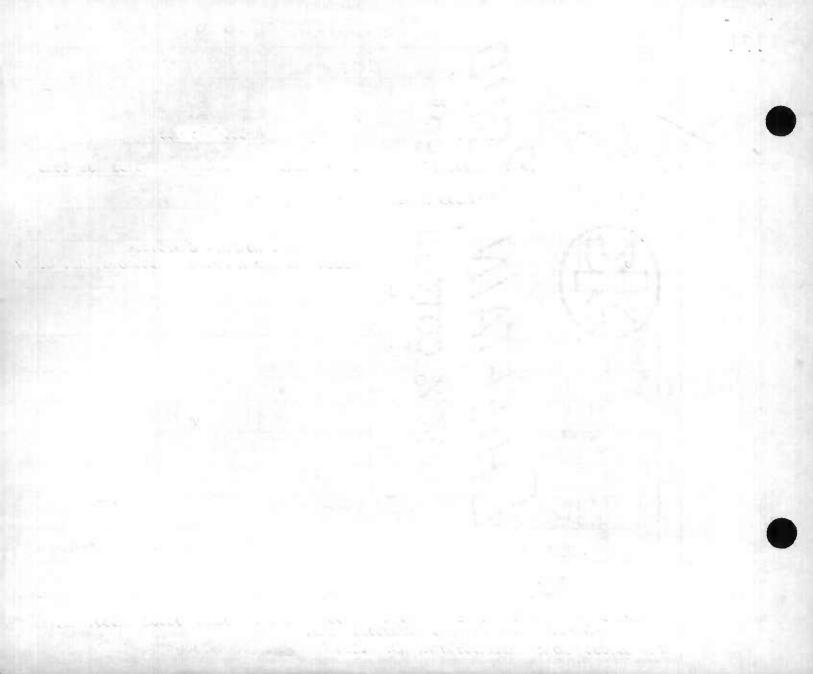
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) ALLEN BUTLER COTT JULY 8 1986 6. AGE TIN YEARS LAST BIRTHDAY) S DATE OF BIRTH IF UNDER I YEAR 23 CAUCASIAN 65 Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED MARYLAND U.S.A. DIVORCED [BALTIMORE CITY WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY MAINTENANCE JOHNS HOPKINS HOSPITAL SCHOOL SYSTEM BALTIMORE 13d INSIDE CITY LIMITS? Box 511A JACKSON CREEK RD. YES X FATHER'S NAME SISLER FRANK BUTLER MARGARET ELIZABETH 66 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 220-88-0923 JULIA C. BUTLER, STEVENSVILLE, MD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPULMONARY In MIL IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF ACUTE MYELOGENOUS Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 VITAL RECORDS, CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS NOL YES [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE JANUARY 220.1 certify that # (this haspital) oftended the deceased from_ JULY Y saw the deceased alive an and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, Howel (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 18LSEN, MA 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION BURIAL EASTON 7-11-86 WOODLAWN MEMORIAL MD. 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 a deviden librar NEWNAM FUNERAL HOME, EASTON, MARYLAND (VRA 15, 4)





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH LITYPE OR PRINTE OSCAR aBRISSES 3 SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) Male White TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVERMARRIED U.S.A. Baltimore City 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
South Baltimore General Hospital Physician-Md. State Hospital IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Balto County yune Haven Dr FIRST MIDDLE QUITIERRET. 17 INFORMANT Mrs. Lourdes A Cabrisses 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 3511 Lynne Haven Drive Baltimore, MD. 21207 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 44SCVD Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last part 2. Other significant conditions contributing to <u>death</u> but not related to the terminal disease or condition given in part 1 to CERTIFICATION 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 220. I certify that (I) (this hospital) attended the deceased from 10 sow the deceased alive on above, (I) (we) (did) (did nati view the body after death. and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL Tovanna-PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should b RHASIN 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial July 21, 1986 Dulaney Valley Gardens Cockeysville Balto.

14 FUNERAL DIRECTOR LOTTING BYETS FUNERAL DIRECTORS, Inc. 1250. DATE REC.D. BY REGISTRAR 1250 REGISTRAR 25 SIGNA DHMH - 16 60M 7/84 8728 Liberty Road Randallstown, MD. 21133 (VRA 15, 4)



00-12119	1-	FOR STATE REGISTRAR		DEPARTM	MENT OF HEA	ALTH AND MENTAL HYG CATE OF DEATH	IENE 8-6).	9 2	4 !	
		CEASED NAME FIRST	MIDDLE	1110	LAS	1	20. DATE OF DEATH	MONTH [DAY YEAR	26 HOUR	
noy be page 3	(TYPE	OR PRINT)	ETH T.	CAI	N. S	R.	July	0	1986	3:55 AM	
moy er de	3. SE	(4. RACE		5. DATE OF	BIRTH	6. AGE (IN YEARS INST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS.	
e 4 setor		Male	Male		NOV.	23, 1926	59	YRS.	MONTHS DAYS	HOURS MIN.	
Poor Poor		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	B	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
1 1725		MD	/ USA		WIDOWED		Baltimor	e	City	MD.	
100	10. CI	TY OR TOWN OF DEATH	1). NAME OF HOSPIT			OTHER INSTITUTION	120. USUAL OCCUPATION			F BUSINESS OR	
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RECORDS, low requir os been sig ermit. There	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION F	OR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		, WERE FINDI		
	F		4 6 5 1 3				YES TI NOW		YING CAUSES	OF DEATH?	
DIVISION OF VITAL NG PHYSICIAN: The otherding physicion fifer this certificote hos the buriol-tronsit p th and Mental Hysien orked or tem. 18	CER	210. ACCIDENT WAS UNDERLYING			W VEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)UR	Y IN ITEM 18 P	ART 1 OR PART 2)		
ON OF VII	AL	OR CONTRIBUTING CAUSE OF DE		ONIH DA	19						
HYS nding his co	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJ		1011 FTC 1	21f. LOCATION	CITY OR TO	VN	COUNTY	STATE	
IVIS JG P offer ter the ter the honor	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PAC	TORY, OFFICE, FA	ARM, EIC)						
NDIN L or Lose of Leoltil		228.1 certify that (I) (fais hosp	ital attended the dece	osed from	MINE	19 19		10		that (1) lost	
CTO Hor of H	18	sow the deceased alive or above, (1) (we) (did) (did no	t) view the body ofter d	leoth.	, and	that i (my) (aur) opinion o	leath accurred on the de	te and hour			
OR A DIRE oched Depti		226. SIGNATURE	140	,	DE	GREE ATTENDING	MEDICAL STAF	E A .	22c. DATE	SIGNED	
SPITAL J by th VERAL De deta E State		nubas	a The	lug	~	PHYSICIAN _	DIRECTOR PHYSIC	IAN [
OSPI ed b d be RRTAN		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	6	6	220 ADDRESS	· C.	11/0	NA Mar	11 04	
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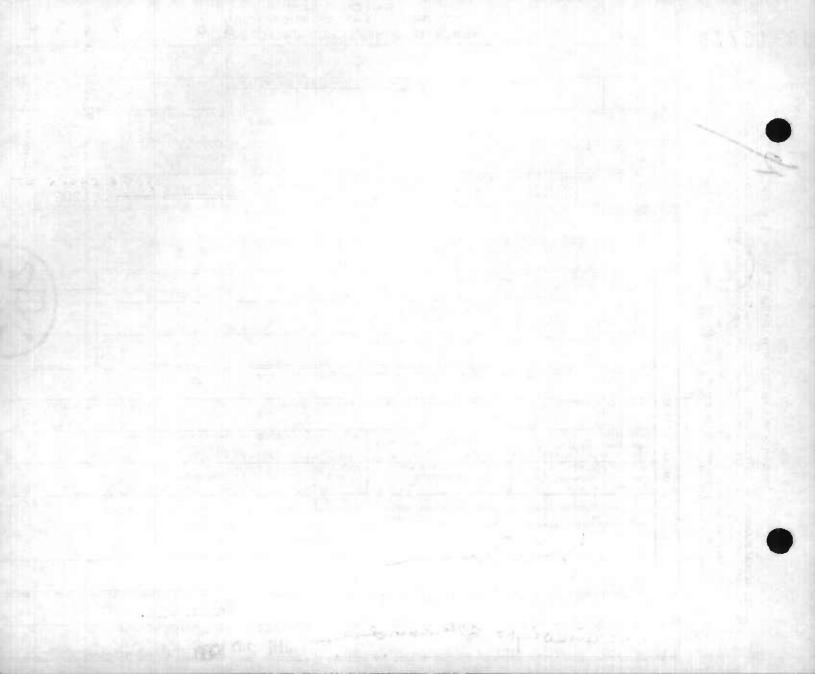
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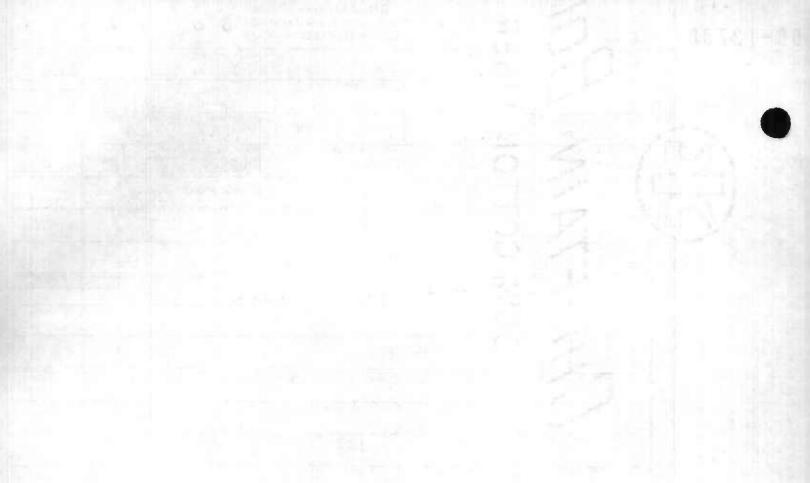
00-1252	9 1	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	9 2 4 2
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1 10	3. SE		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
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		IRTHPLACE (STATE OR FOREIGN COUNTRY) Outh Carolina		WHAT COUNTRY	? 8. MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY OF COUNTY OF	
	10 0	ITY OR TOWN OF DEATH	11. NAME OF		ING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Laborer	126. KIND OF BUSINESS OR
ME		AL RESIDENCE (IF NURSING HOME STATE 136 CO aryland	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOY Baltime		134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 2218 Aikens Str	Marie Sagar
36 T E		ATHER'S NAME FIRST	MIDDLE H.	Caldwel		15. MOTHER'S MAIDEN N FIRST		EAST
(T)		WAS DECEASED EVER IN U.S.		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	
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rei that the death pred by the others is please smore ca opicial, commertion, c y, or other trauman	TV.	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	(b) DUE TO, C	DR AS A CONSEQUENCE ON TRIBUTING TO	US CO	NOT RELATED TO THE TER	minal disease or condition give	2 years
he law required to the law required to the law required to the law required to the law remains	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY YES NO. YES	WERE FINDINGS USED ING CAUSES OF DEATH?
S CHAN	-	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A	DFINJURY M. MONTH [.M.	DAY YEAR	ZIC HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM TB PAI	RT (OR PART 2)
TO PER DE LA PER DE LA PER DE LA PER DE LA PERD DE LA P	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	FARM ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR A for use of of Health		22a.1 certify tha (1) (this has saw the deceased alive above (1) we) (did) (did	spital) attended that	he deceased fram 2 19		, 17	n death accurred an the date and havi	9 5 , that (1) (we) last and fram the couses stoted
AL OR A the hot feroched feroched first Bept first Bept		226. SIGNATURE	Rapper		r	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	7/10/86
O HOSPIT TO FUNER MADURATE SILVER		EDWARD	KASPET	R		270 ADDRESS Johns	Hopkins Hospita	a
29 2213	23a.	BURIAL, CREMATION, REMOVA	AL 236. DATE	230	NAME OF C	EMETERY OR CREMATORY		COUNTY STATE
BP		BURIAL	7/16	/86 B	<u>altim</u> o	re Cemetery	Baltimore,	Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS			ATE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	M	arch Funeral H	omes 11	01 East 1	North	avenue JU	1 5 1986	American Property of the Control of

STATE OF MARYLAND

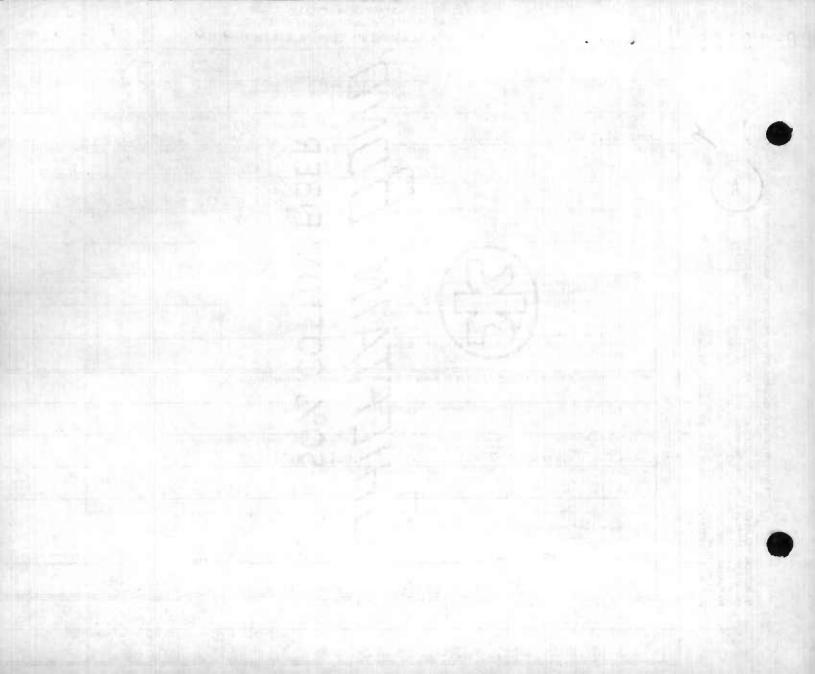
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICAT REGISTRAR 1. DECEASED NAME FIRST 20. DATE KNOWN ST MONTH (TYPE OR PRINT) OF ESTI-NERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
RESTON STREET, HAMP DEATH MATED 19 86 CALHOUN, JR. 4. RACE SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 50 Male Black 36 YRS 19 86 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Florida U.S. WIDOWED DIVORCED Baltimore City IO CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore street-unit blk. Mt. Vernon Place USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? Md. BALTO. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Bertha Smilev Hamp Calhoun 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h. SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 263-94-6298 NO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Stab wound of chest USED AS A BURIAL - TRANSIT PER OF HEALTH AND MENTAL HYGIE IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, ICATE, WRITING THE WORI FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT C YES T NO F 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING AOR CONTRIBUTING CAUSE OF DEATH 12:15 XX 7-12-Subject stabbed. 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 21201 PRI 21f. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OF TOWN street unit blk. Mt. Vernon Place, Balto, City. MD Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my apinion Homicide X death resulted fram: Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 7-12-86 SIGNATURE EXAMINER'S MAME Ann M. Dixon, M.D. 111 Penn St., BAlto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION ATTION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Fla. 07/B4 Removal 25M 24. FUNERAL DIRECTOR al 1250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Anatomy Board



	1 FC				DEP	ARTMEN		OF MARYLAND ALTH AND MENTAL H	YGIENE	8 6		9 2	4	4
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AND 217	13a. STA	esidence (if nursing) yland	NG HOME OR 13b. COUN		Balti	TOWN		13d. INSIDE CITY LIMITS?		STREET ADDRESS /		Avenue	212	11
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STON ST., BALL soth certificate tending physicia corbon popers on, or removal. umotic event, the		CAUSE OF DEATH PART I. DEATH WA	AS CAUSEI IMMEDIAT	D BY E CAUSE (a)	R AS A CONS	· Ca	II.	Carcin	on	4		APPRO BETWEEN	DXIMATE INTER N ONSET AND	DEATH
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DIVISION OF VITAL RECORDS, NG PHYSICIAN The low require of the this certificate has been sign os the burol-tronsit permit. Then hand Mentel Hygiene prior to borked or them 18 shows any injury or them.	CERTIFICATION	DATE OF OPERAT	ION	196 COND	ITION FOR W	'НІСН ОР	ERATION	WAS PERFORMED		YES NO	20b. IF YES, IN CERTIFY YES	, WERE FIND YING CAUSE	NGS USED S OF DEAT NO	H2
A OF VITA SICIAN T certificate mol-fronsi ental Hygintern 18 sh	CAL	ACCIDENT WAS UNDER CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEA) P.	м, монть м.	H DAY	YEAR 19	2)c HOW INJURY OCCU	URRED	(ENTER NATURE OF INJUR	EY IN ITEM 18 PA	RT I OR PART 2)		
NG PHY offer this of the bir ond Mr orked or		HILE NOT WHI	LE []	21e PLACE (AT HOME STI	OF INJURY REET FACTORY, O	FFICE FARM	ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	- \$	STATE
R ATTENDII hospital ar RECTOR: A red for use ipt. of Heali		sow the decease abave, (1)		-	path)	19 P	, and	that in (my) (our) opinion	an death	to	ate and have	and from th	, that (I) (v	
0 0 0 0 0		SIGNATURE	ño	m	26h	~	ML	ATTENDING PHYSICIAN		AEDICAL STAF		22c DAT	SIGNED 3	6
TO HOSPITAL retained by the TO FUNERAL should be detained by the Manual beautiful by the Manual but with the Store	22	Dr. Da						Good Samar	ita	n Profess	ional	Bldg,	Balt	imor
BP	Bur	ial, cremation, f	REMOVAL	23b. DATE 07/21/	86		-	METERY OR CREMATOR		Baltimo	re, Ma	county	d	TATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		RAL DIRECTOR See-Henss	Fune	ral Hom	e, 363	I ^{ss} Fa.	lls	Rd. 21211	ATE REC	1 8 1986	25b. REGISTR	AR'S SIGNA	ATURE	,



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR I. DECEASED NAME OF ESTI-DEATH MATED 25 HOUR LIVEE OR PRINTS DIRECTOR. OUR FILES. 72 HOURS ON STREET, Edward Calligan 19 86 2d HOUR A AGE UN YEARS IF LINDER I YR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 11:16 OUR 1 - 7 - 2462 YRS Male White TA BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Kent Co. MD. WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore 1113 Demarcay Way Retired Machinist MD. Drydock USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY MD. Baltimore 1113 Demarcay Way-21224 YES X NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Ellwood Calligan Rose Novak 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO ADDRESS 21224 HIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL-TRANSIT PERMIT. PAGES OF HEALTH AND MENTAL HYGIENE, DIVISION 219-10-5736 LillianA. Calligan 1113 Demarcay Way 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY: Shotgun wound to chest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD, "PREE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO 216 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 20 19 86 self inflicted CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 2 a PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 1113 Demarcay Way, Balto. home MD. 226 I certify that I taak charge of the remains described above, held on Autopsy Inquiry Suicide X Hamicide ___ Undetermined monner death resulted fram: Natural causes Accident TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 7/21/86 EXAMINER'S NAME ADDRESS 111 Penn St. William M. Zane, M.D. Balto.MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 236 LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 7-22-86 Cremation Greenmount Crematory Baltimore, Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** John C. Miller Inc.-6415 Belair Rd.-21206 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/B4 (VRA 15, 4)

- STATE

24 FUNERAL DIRECTOR March FUneral Homes 1101 East North Avenue

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

25 HOUR

21218

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

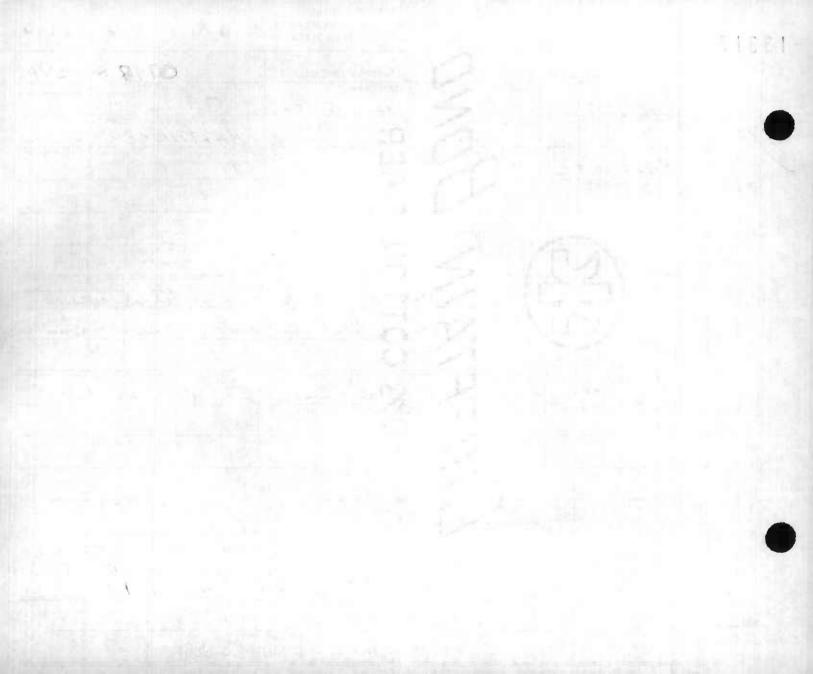
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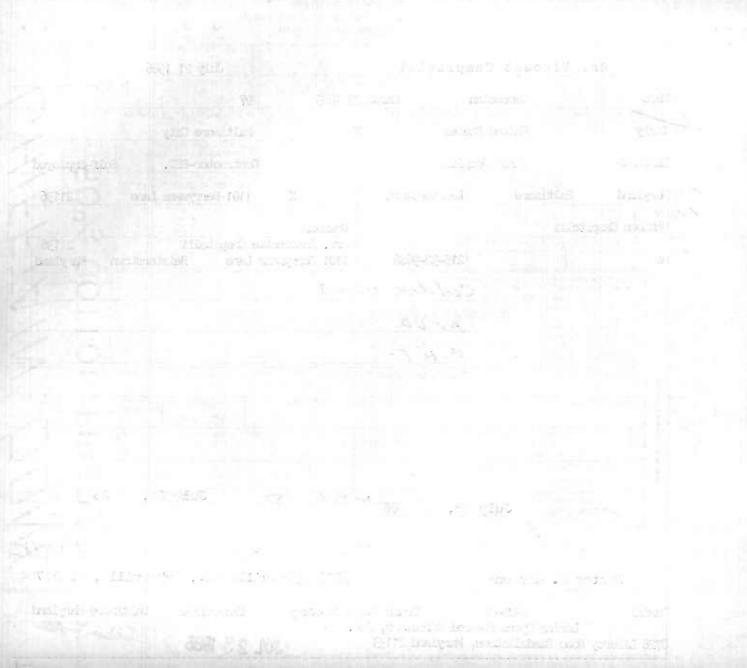
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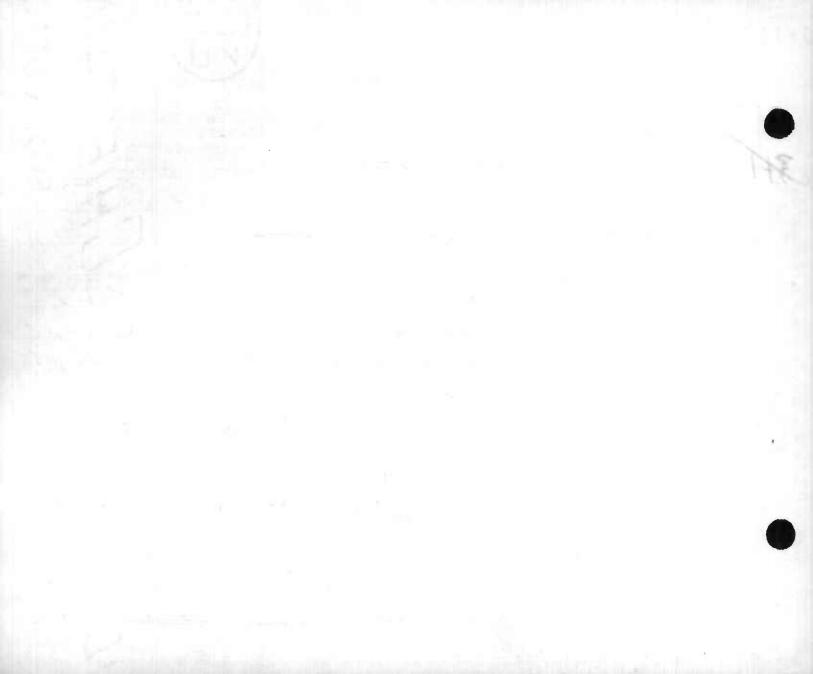
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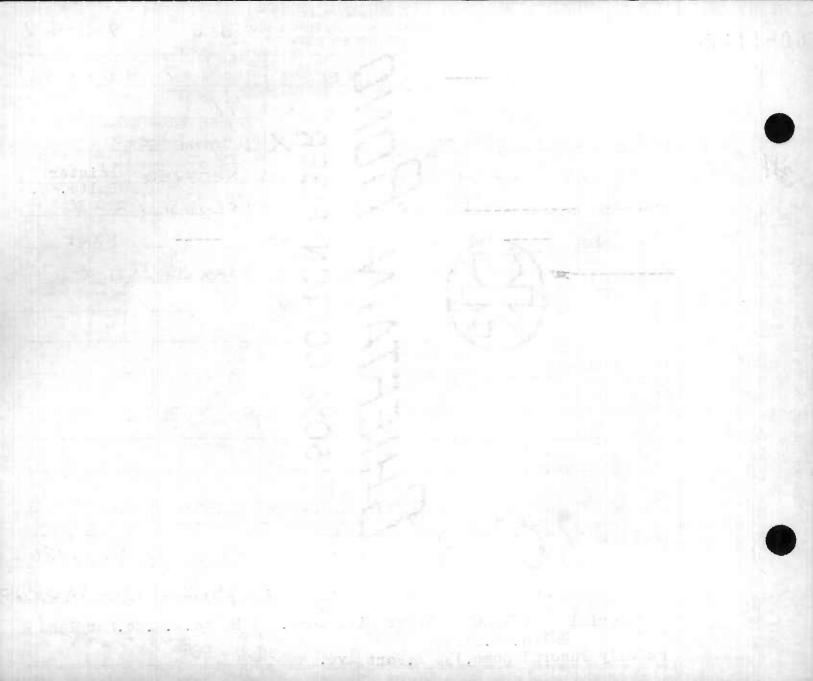
11.					STAT	E OF MARYLAND				
	1.	FOR STATE		DEPART	MENT OF I	EALTH AND MENTAL HY	GIENE R 6	1	9 9	01
-13264		REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	line	
		CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		YEAR	26 HOUR
2 12	(1111	Mr. Vin	cent Car	mpitell	i		July 21	1986		
6 87	1.58		4 RACE		S. DATE		6. AGE (IN YEARS LAST E	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
1 1:00	Male	9	Caucasian	1	March	23 1889	97	YRS	VIHS DAYS	HOURS MIN.
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\$ \$10 - 10	Ita	ly	United St	tates	WIDOWI		Baltimore Ci	y		MD
1 11 8/	20.5	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND O INDUSTRY	F BUSINESS OR
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日日日記	Mar.	yland Balt:	imore	Reistersto		YES NO NO	1101 Berryman	is Lane	2	21136
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d die A sign		22a 1 certify that (1) (this h	haspital) attended t	he deceased from.		247ch 1980	Juny	21, 19	86	that (I) (we) last
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· · · · · · · · · · · · · · · · · · ·		THE SIGNATURE	1 Pa			DEGREE			22c DATE	SIGNED
44 444 7		1 gui	me		1	PHYSICIAN S	MEDICAL ST DIRECTOR PHYS	AFF ICIAN []	7/	22/82
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32	1.	FOR by F.H.	goj	DEPARTA		EALTH AND MENTAL HYO	GIENES 6	1 9	Emp	4 0
m.e		CEASED NAME FIRST		MIDDLE		LAST		MONTH DAY	YEAR	2b. HOUR
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	3. SE	X	4 RACE		S. DATE C		6. AGE IN YEARS LAST BIR	RTHDAY) IF	UNDER I YEAR	IF UNDER 24
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1115	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CC	E OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE 13c CITY OR TOWN BALTIMO	'N	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS	/ ZIP CODE	212	
ord 2 st	14. FA	SAMUEL	MIDDLE	CANNADY		15. MOTHER'S MAIDEN NA FIRST UNKNOT	WE CASC WIDDLE	<u> </u>	LAST	
ō -		VAS DECEASED EVER IN U.S.		166 SOCIAL SECU		17 INFORMANT	ADDRI	ESS		
Poges medico	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	2180790	158	JOAN CANNADY	Y 1820 NORTH	H DIIRHAI	M STIPE	יוויקוי
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been signed mit. Then plec prior to burial any injury, ar	TIFICATION	cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICAN Renal	IC) IT CONDITIONS CO	RAS A CONSEQUE Charic Ob ONTRIBUTING TO E	ENCE OF Struch DEATH BUT	NOT RELATED TO THE VERM	AINAL DISEASE OR CON	20b. IF YES, W	VERE FINDING CAUSES (O year
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	١.	FOR	DEP ART		E OF MARYLAND EALTH AND MENTAL HYGI	ENE & A		07	49
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1 5 40		LEASED NAME AFIRST	WR	CAI	NTRELL	2a. DATE OF DEATH	7 4	86 12	HOUR AM
de 4 mo	3 SEX	MALE	CAUCASIAN	S. DATE (DE BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	THER TEAR IT O	NDER 24 HRS JRS MIN.
Of 11 86	We	Virginia	U.S.A.	MARRIE WIDOWI	D NEVER MARRIED D	BALTIMORE CITY OF	0		MD.
143	B	ALT TMORE	11. NAME OF HOSPITAL, NURSE (IF NOT IN SUCH FACILITY, GIVE STREET SOUTH RALT FMC	REG	DROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		126. KIND OF BU INDUSTRY Paint	er
AND 21	13a S		OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN	YES NO	130 STREET ADDRESS	ZIP CODE	Balto 21230	
1800		GEDRGE -	ANDLE CANTRE		IS MOTHER'S MAIDEN NAM	WIDDLE	•	HUNT	
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A OF VIT	1000	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER)		AY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
DIVISION Office this on the bu	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFICE	FARM ETC]	21f LOCATION STREET	CITY OR TO		COUNTY	STATE
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DHMH - 16 60M 7/B4 (VRA 15, 4)		neral director Bal- ccully Funera	to.Md.21230 Ress al Home, 130 E	For		REC'D. BY REGISTRAR	256 REGISTRAF	SSICHATURE	10

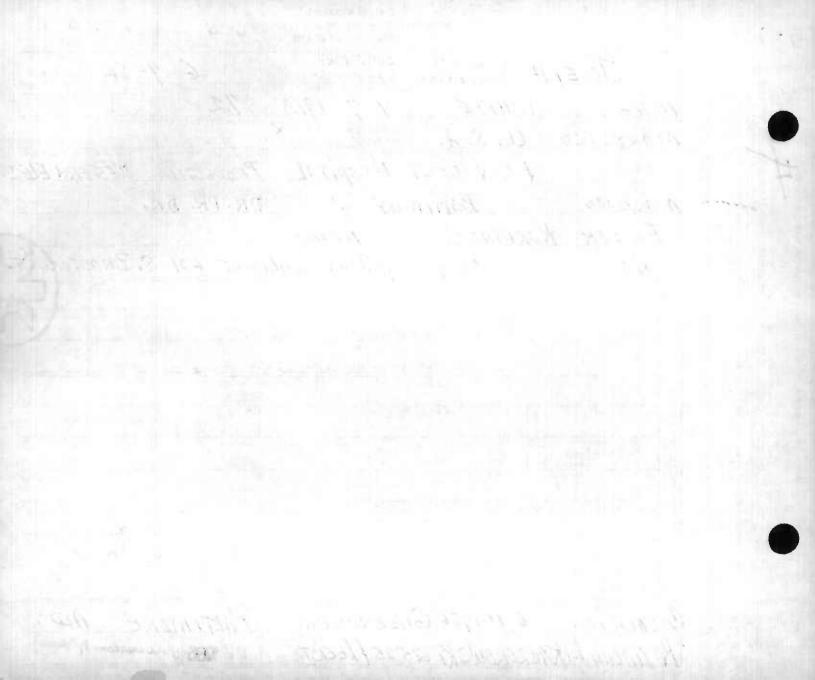


	1 DEC	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF		REG. NO.	DAY YEAR 25 HOUR
to	(TYPE	ORPRINT) HENR	y Joseph	h CARLE		7	3 86 910
er deo	3 SEX		1 RACE	5 DATE OF BIRTH		AGE IN YEARS (AST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
5	1	nale	Caucasian	MONTH DAY	YEAR 38	48 YRS.	MONTHS DAYS HOURS
121		OUNTRY	76 CITIZEN OF WHAT COUL	MARRIED NEVER	MARRIED 7	BALTIMORE CITY OR COUNT	Y OF DEATH
30	1	MARYLAND	USA	WIDOWED D	NORCED	BALTIMORE C	LITY
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35	113		A .	R TOWN 13d INSIDE (NO X	STREET ADDRESS / ZIP COD	
an.		THER'S NAME	MIDDLE LA	15. MOTHER	'S MAIDEN NAME		
A26	1	John			atherine	WIDDLE	Sherfe
10		AS DECEASED EVER IN U.S. AL		L SECURITY NO. 17 INFORM.		ADDRESS	
1/		Yes 1957	-1961 212-	36-7485 Anna	M. Carl	e Same as	13e
#		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one cause per line for (o),	b, ond ic			BETWEEN ONSET AND E
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o but			DUE TO, OR AS A CON	SEQUENCE OF			
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lury,	Z	Diabetes M	4 1	G TO DEATH BUT NOT RELATED	DIO THE TERMINA	ALDISEASE OR CONDITION GI	VEN IN PART TO
10	ATIC	190 DATE OF OPERATION		VHICH OPERATION WAS PERFO	ORMED		S, WERE FINDINGS USED
	LIFIC	9/84	impending ob	struction 2" to C.	a Boolon		FYING CAUSES OF DEATH
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	CERTIFICATION	TO THE PARTY OF TH		I DAT TEAR			
0		OR CONTRIBUTING CAUSE OF DE	AIR	19			
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or hem 18	MEDICAL CERT	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	21f LOCATI		CITY OR TOWN	COUNTY ST.
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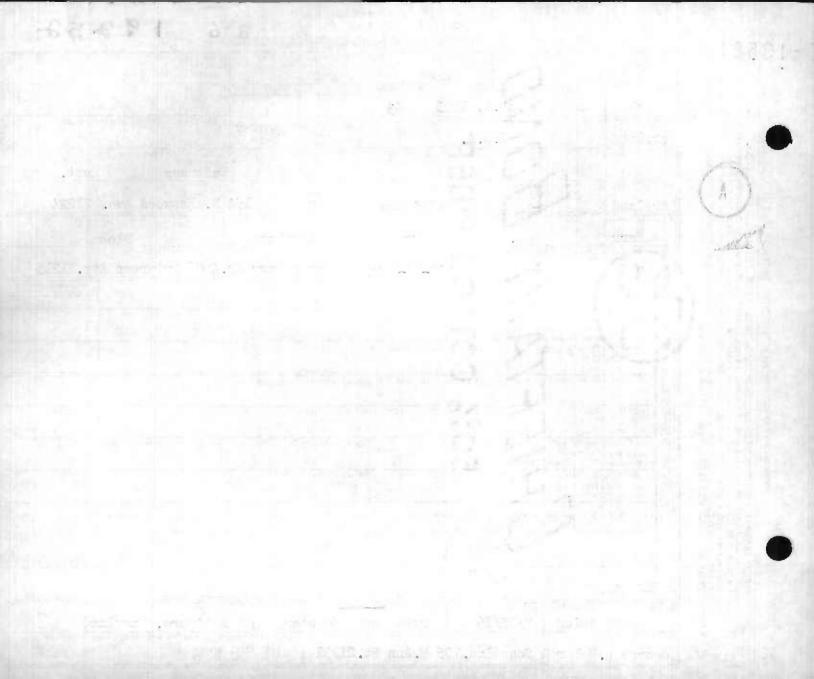
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		CEASED NAME TO THE STATE OF PRINTE	KARPINSKI	CARPINSKI	REG. N		26 HOUR
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oth. P	Gro B	COUNTRY	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		R COUNTY OF DEATH	
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n ond		NO	215 12	5696 JOHN SCHL	UNDT 62	1 S. BRAD	FORD
ofe by sicio		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), one				ATE INTERVAL
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REGINO 20. DATE KNOWN 1 DECEASED NAME 2b HOUR (TYPE OR PRINT) OF ESTI-FINAL DIRECTOR.
YOUR FILES.
III IIN 72 HOURS
RESTON STREET, IRENE Elizabeth DEATH MATED Carr 4 RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED reb.4, 1923 CAU 63 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED Baltimore City, II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 154 N. Kenwood Ave. Waitress Rest. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 154 N. Kenwood Ave. 21224 Maryland Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. FRANSIT PERMIT. PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALLING BURIAL CREMATION, OR REMOVAL. Harry Carr Elizabeth Bloom 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 1 (IF YES, GIVE WAR OR DATES) Harry Carr Jr. 4006 Primrose Ave. 21215 219-12-0099 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 2 If LOCATION 214 INJURY OCCURRED AT WORK AT WORLE STREEL FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/24/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS, (TYPE OR PRINT) 111 Penn St 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERS OF CREMATORY 7/25/86 Cremation Green Mount Cemetery B altimore, Maryland 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** George A. Weber & Sons Inc. 705 S. Ann St. 21231 (VR A15 ME (5))



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7/17/86

March Funeral Homes 1101 East North Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

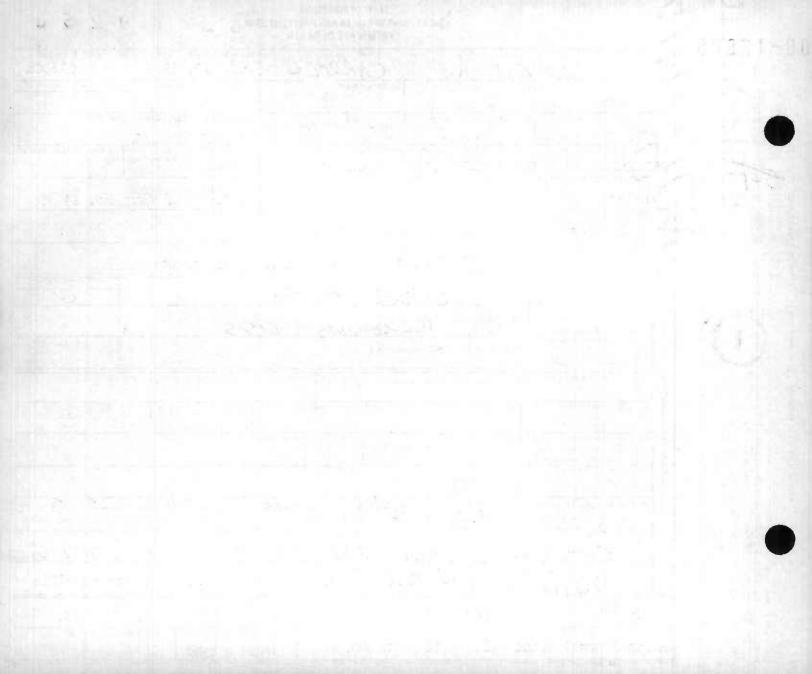
Garrison Forest VA

REG. NO . DATE OF DEATH MONTH 26. HOUR July 12, 1986 11:00a AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 66 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY . USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 1640 Northbourne Rd. 21239 MIDDLE **ADDRESS** 1640 Northbourne Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ALDISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO YES [NO [(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE ath occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN ven Blvd. Baltimore Md 21218 236 LOCATION STATE Owings Mills. Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE wide Broakle

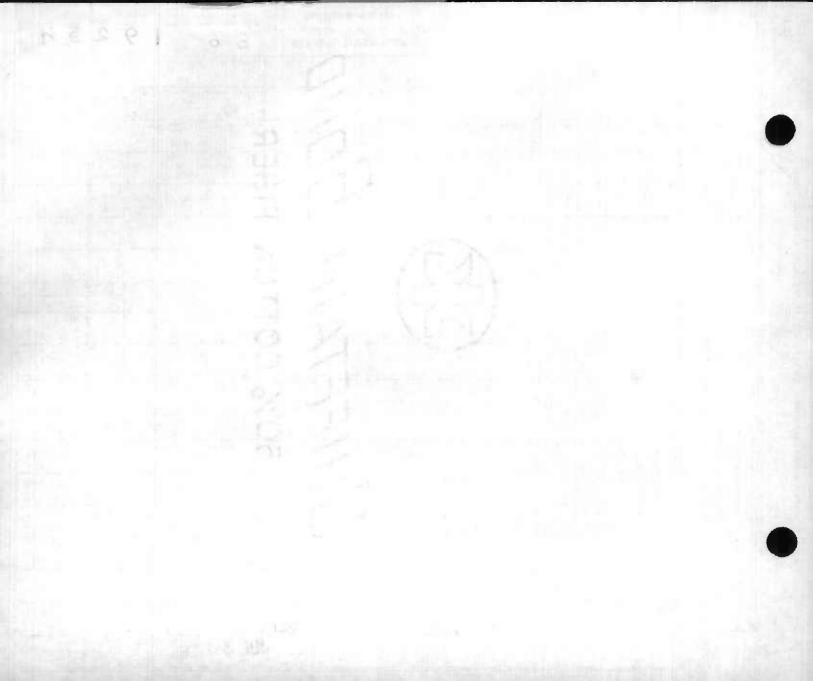
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24 FUNERAL DIRECTOR

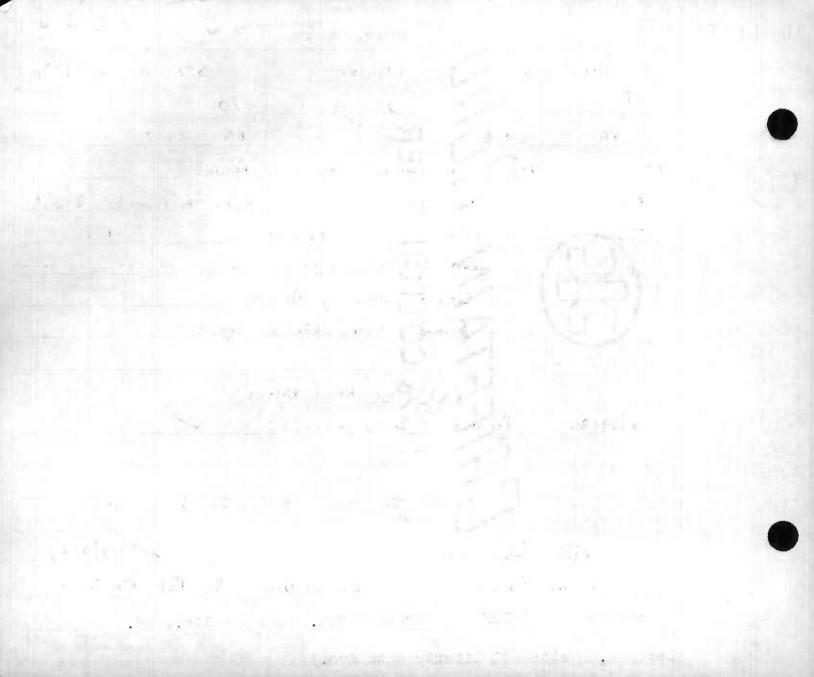


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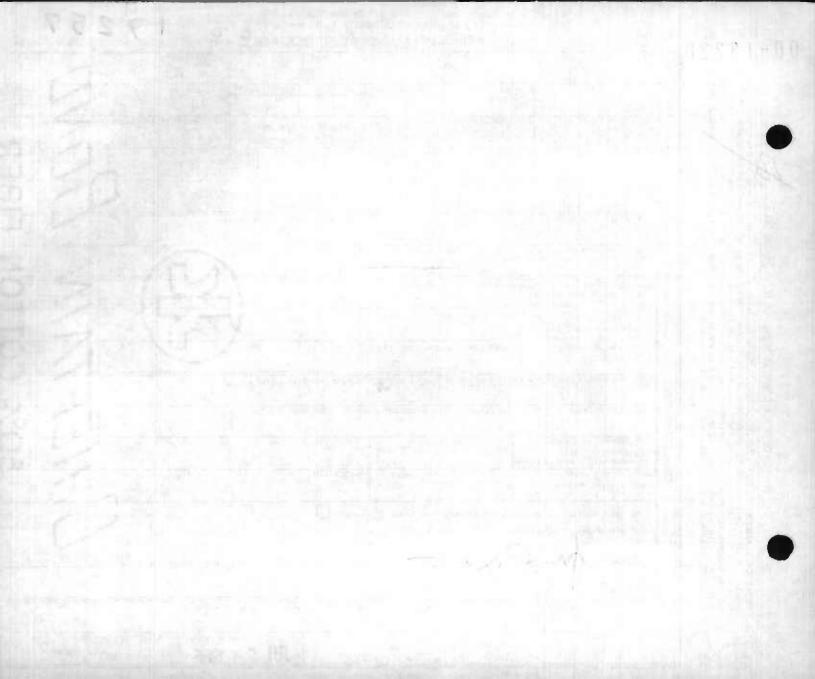


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		TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRI PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTORE, PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	1	EXAMINER'S (TYPE OR PRI	NAME W	Villiam M.	Zane	e, M.D.	A	DDRESS	111	Penn	St.	Bal	lto.M	D.		
		SASSAS.	23a.		TION, REMOVAL 2			AME OF CEA				CHY	CATION			YIM	SI	ATE
	7/84 5M	BP		Bur		7/25/86	Ce	dar Hi	II Ce			Ai	nne /	Arunde		Co	M	d
-	. 3141	DHMH - 17		PUNERAL DIRECT		ne West 43	00				750. DATE F	REC'D. BY	REGISTRAI	R 256 REG	ISTRAR'S	SIGNAT	URE	
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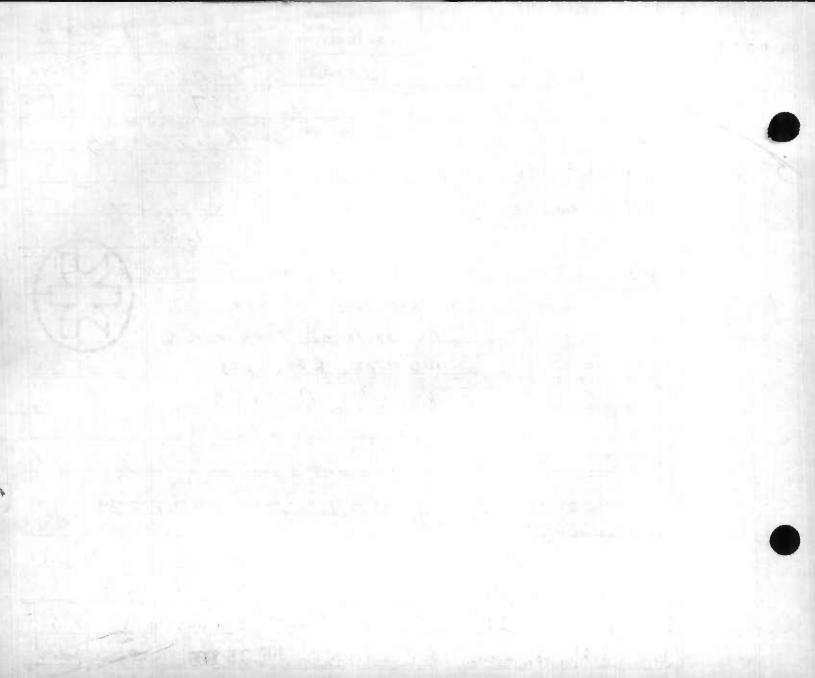
STATE OF MARYLAND

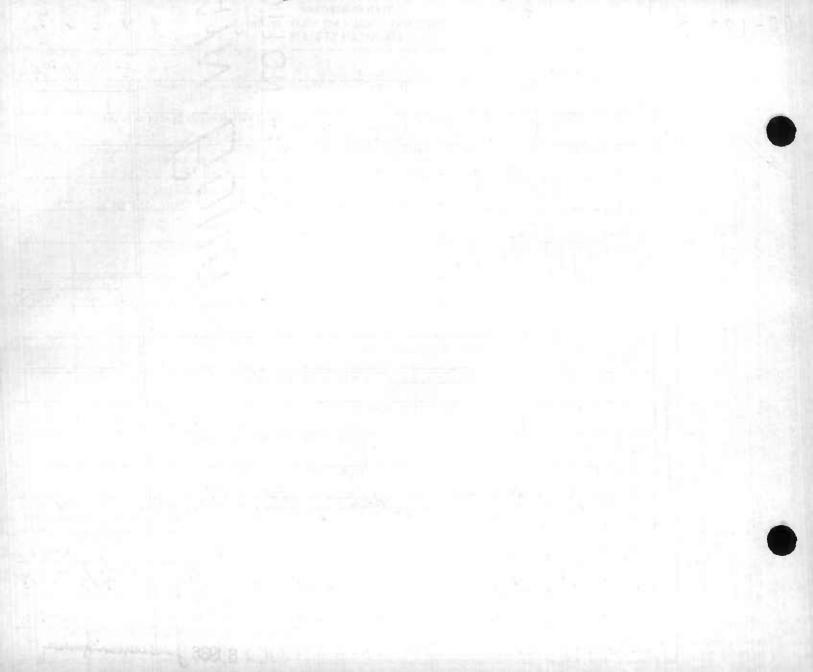


0 1000	1-	File # 61 FOR STATE \$\(\frac{8}{1}\)/86 lv REGISTRAR		STANDEPARTMENT OF	HEALTH	ARYLAND AND MENTAL H ERTIFICATE O	ENEATE	9 2	57
0-132Z		ECEASED NAME FIRST PE OR PRINT) KA'T'I		WIDDLE	l	ARTER	20 DATE KNOW OF ESTI- DEATH MATER	N MONTH	21 19 86
PI, PLEASE OIRECTOR. UR FILES. TO HOURS	3 SE		5 DATE OF BIRTH	1012 TAST BIRTHI	EARS IF UND	ER I YR IF UNDER		MONTH	21 1986 5:5
FORESAL POR A CONTROL OF THE CONTROL	70 E	MRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	8 MARRIE WIDOWE	D XX NEVER MARRII		TY OR COUNTY	
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ANY DEL AND 3 TO AND 3 TO AND 3 TO AND 3 TO AND 3 TO		AL RESIDENCE (IF IN NURSING HOME OF STATE Md 136 COUN		Baltimore		3d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 2316 Brado	dish Ave	l6 nue
ORE, MD	9	Thomas	MIDDLE	Tansimone	9	15. MOTHER'S MAIDE FIRST Luvinia	MIDDLE		Coleman
SATTIMORE SATTER DES GIVE PASSE INTH FORM INTERNATION		WAS DECEASED EVER IN U.S. AR/ YES, NO, OR UNKNOWN) (IF YES, GIVE	AED FORCES? WAR OR DATES)	213-13-81	94861	Judson T.	Carter 2316		h_Avenue
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITHIN THE WORL TO THE CHEET MEDICAL EXAMINER ALCINIG WAS 3 SHOULD BE USED AS A BURIAL, TRANISIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE DI PREVE TO BLUAL, CREMATION, OR REMOVAL.	NO	Conditions, if ony, which gave rise to immediate cause (a) stating the <u>underlying cause lost</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR A	AS A CONSEQUENCE	OF		tic cardiovas	scular d	1sease
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TO MEDICAL EXAMINER TO PAGE A SHOULD BE FORW TO FUNERAL DIRECTOR PAFTER DEATH, WITH THE STREAM ORE, MARYLAND 2		220 I certify that I took charg death resulted from: Natur			Autopsy uicide .	Hamicide TITLE (SPECIFY) Assistant	Undetermined monner	ond in my apin. DATE SIGNED.	7-22-86
D MEDIC XECUTE TI AGE 4 SH FTER DEAR	1	EXAMINER'S AME Ann	The Section 1			DDKESS	enn St., Balt		21201
07/84 BP		Burial, cremation, removal 2 Burial UNERAL DIRECTOR	7/26/86	Ebenezer B		Church Cem	23d LOCATION Culpepper	COUNTY	Va
DHMH - 17 (VR A15 ME (5))	Ma	rch Funeral Home	West 430	O Wabash A	venue	JUL JUL	2.4 1986	REGISTRAR'S SIG	



				STATE OF MARYLAND		
		FOR	DEPAR'	TMENT OF HEALTH AND MENTAL HYG	SIENE O A 1	9 2 5 6
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	0 0	
0-13513			WIDDLE	TAST	REG. NO.	AY YEAR 126 HOUR
		CEASED NAME FIRST	MIDDLE		20. DATE OF DEATH MONTH	
90 90		Lat Lou	15 K	Carter	1/23/86	1055 AM
moy be page 3 rer death	3 SE	(4 RACE	5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
office.		11		MONTH DAY YEAR	676	ONIHS DAYS HOURS MIN.
- B 355	2 0	7 0 1		6 14 14	YRS	OF DE ATH
3/6		RTHPLACE (STATE OF FOREIGN :	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
11 70		Alai	USA	WIDOWED DIVORCED	Bal Time	E Cely MD.
	10. C	TY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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2 1 11 20	1/200	Socured	OTHER INSTITUTION, GIVE RESIDENCE BEFO	9 01-10 1105/11/11		
d bo		STATE 134 COUN			130 STREET ADDRESS / ZIP CODE	. 21201
ND 24 h	/	10 Ba	Timor City 130	1 / Timar YES NO []	1700000	1
Within within d 2 shin	14. F/	THER'S NAME	7	15. MOTHER'S MAIDEN NA	ME 0119	
0)	FIRST	MIDDLE COLLEGE	FIRST	MIDDLE	LAST
Y e		reveg	carrer	Mamr	MIL COVE	
BALTIMORE. The execution and completes. Pages 17. the medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	1 5 1226 09
MOI Page	· `		N11 417-0	1-0412 (sary L. Car	ter 700 S. Cour	theusa Ra.
ALT b rs.		A CALISE OF DEATH (Enter DE	nly ane cause per line far ig., (b), o	and is		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY	Discover Lail	11110	DE WEEK ONSET AND BEAM
TS ST.		IMMEDIAT	TE CAUSE (a)	puratory 1 411	ure	
W. PRESTON ST., or the draw certification by the drawing place removes the compatible of the state of the sta			DUE TO, OR AS A CONSEO	UENCE OF	1	
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W. by the same of the other		underlying cause last	DUE TO, OR AS A CONSEQ	Listing Opin	uves	
5 + p = 5			(c)			
	~	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	EN IN PART I a
RD sequence of the sequence of	ō	6 nd	Stage R	enal Inse	ease.	
ECO ow r bee priso	TA.	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	WERE FINDINGS USED
n. n	F					YING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN The low requir offending physician. After this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior tab acked or Item 18 shows any injury	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY	21r HOW IN HIRY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
Sician 19 physing physical certifical centol Hy item 18 i		OR CONTRIBUTING CAUSE OF DEA	LUCUID A MA MONITUL	DAY YEAR	TENTER NATURE OF INJUNE 14 HEM 16 7	an i On Pani El
ON OF trySiCla ding p is certif buriol-t Mental	OA	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
PHYSIC ending this cer the burio and Menti	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
VISIC Offen offen offen sthe th	Σ	AT WORK AT WORK	TAT HOME STREET, PACTORY, OFFICE	PARM EIC)		
			ital) ottended the deceased from	7/1 10 0	7/33	19 86 that (I) (we) last
TEND rtol or OR: 6 f Heol		saw the deceased alive an			death accurred on the date and hour	
E 9 E 9 E 2		abave, (1) (we) (did) (did na	it) view the body after death.		death decorred an me date and not	
O = = =		22b. SIGNATURE	1 1 0	DEGREE		224. DATE SIGNED
크루 크림의 🗀		10	aprica	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	741186
HOSPITAL ned by th FUNERAL old be det of the State		22d. PHYSICIAN'S NAME (TYPE C	DR PRINT)	22e ADDRESS		2
HOS Build Ib PORT		1 a.l. 6.	a ouchi-	() 21 (/	ENDOWN CT	4/4)12/10
TO HOSPITA retained by TO FUNERA should be do with the Stat	_	rury o		0.0.00	reene or	411 21-10
T = - 5 / 7		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	ICOUNTY 1 A STATE
BP	F	Surial	7-29.86	Garrison Lovest	Owings M.	IC Na:
	24 €	MERAL DIRECTOR			TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
DHMH - 16 60M 7/84	-	NAME A AA A	ADDRESS	116.70	11 9 5 4000 /. d.	Karida . Mandage.
(VRA 15, 4)	W	ames It. Nort	ON 3, Johs. 1/5	1 Laurens 1 Jl	1 60 500 Stepan	Javidon-Hangares





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m.5	1. DECEASED NAME FIRST	WIDDLE	LAST	A de la constante	20 DATE OF DEATH	MONTH DAY YEAR	P
age deort	MITT		CARTER		JULY 11	·	3:29,
ne 4 mc	Female	Black	S. DATE OF BI	-173 - 25°	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER LYE MONTHS DA	
77	S. Carolina	76 CITIZEN OF WHAT COU	MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
6 1 5	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GR JOHNS HOP	VE STREET ADDRESS)		12a USUAL OCCUPATION	ON 126 KINE	D OF BUSINESS OR
1 27	USUAL RESIDENCE (IF NURSING HOM) 30 STATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENT UNTY 13c. CITY C	OR TOWN 13d	INSIDE CITY LIMITS?	13e STREET ADDRESS /	TII CODE -	21217
	14 FATHER'S NAME Abraham			MOTHER'S MAIDEN NA	Rivers	Appleto	n St 16
medico exe	160 WAS DECEASED EVER IN U.S.		AL SECURITY NO. 17	INFORMANT	borune 291		nd Arro
ific Constitution Vent, the	PART I. DEATH WAS CAU	anly one cause per line for Ial, JSED BY: JATE CAUSE (0)	diopy/mona		1		ROXIMATE INTERVAL EEN ONSET AND DEATH
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The law require that the deep prifting graces grant to the law requires that the deep printing graces grant to be been signed by the printing and printing the printing for the printing or other froumatic event, the medical examples.	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	NSEQUENCE OF . 164Mon1a			7	2 hrs
requence of the signed injury, o	PART 2. OTHER SIGNIFICAN Transvers	e myelitis,	Arnold-Ch	- 10	MUSTER DE OR CONT	oution given in part	Mellitus
The law a cion. The has bee signed prior given by the prior	Transvers 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION W	AS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAUS YES	IDINGS USED SES OF DEATH? NO
JCIAN THE STATE OF Physical Certificate rial-transit ental Hygian tem 18 sha	0.000 100 100 100 100 100 100	DEATH HOUR A.M. MONT	TH DAY YEAR	. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	?)
VC, PHYS offendin fer this os the bu	OR CONTRIBUTING CAUSE OF (IF EITHER NOTHY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LATHOME STREET FACTORY.	OFFICE, FARM ETC.)	LOCATION	CITY OR TO	wn COUNTY	STATE
Spirol or CTOR: Af I for use of Healt	sew the property slive	in the deceased in the decease in the deceased in the deceased in the deceased in the decease in the de	19. 86 and the	at in (my) (our) opinion	death occurred on the da		that (I) (we) last
TAL OR A the how the how the how the house detoched to the Dept.	226 SIGNATURE HOWARD	P Mus Ms	DEG	ATTENDING PHYSICIAN [MEDICAL STAF	F \ 7	-11-86
TO HOSPITAL retained by th TO FUNERAL should be deto with the State IMPORTANT. II	122d. PHYSICIAN'S NAME (TY)	R Wertz		Johns Hopk	ins Hospital		
BP	230 BURIAL, CREMATION, REMOV	23b DATE 7/16/86		TERY OR CREMATORY LILL Cem.	23d LOCATION CITY OF TOWN Brookly:		Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Charles A.		1300 Tuta	11	E REC'D. BY REGISTRAR	156 REGISTRAR'S SIGN	IATURE

		1				STAT	E OF MARYLAND				
-19	2112	1.	FOR STATE REGISTRAR		DEPAI		HEALTH AND MENTAL H	YGIENE 8 6	19	2	
	7 4 4 4	1 DE	CEASED NAME FIRST		MIDDLE		LAST	REG. N			
	og 3 eath		OR PRINT)				FW31	20. DATE OF DEATH	MONTH DAY	YEAR. 2	2b HOUR
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3	127m	25	BALTIMORE	(IF NOT IN SUC	CH FACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION OF WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESS OR
1	1 15 1 11			R OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSIONI	INS HOSPIT	AL MA			
BALTIMORE, MARYLAND ANA	进中	1900	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY	Baltin	ore	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	zip CODE	reet 2	1213
SYL)	the second		THER'S NAME	MIDDLE			15 MOTHER'S MAIDEN				
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ORE	20 1	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SE		17 INFORMANT	ADDR			
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0S, 20	signed hen ple to burio ijury, or	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
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%EG	he low on. hos b perm ene pr	FIG	IN DATE OF OPERATION	170 COND	ITION FOR WHI	CH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	VERE FINDING	SS USED OF DEATH?
TAL	F 0 9 5 6 5	ER	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME O	E INTITION		11. HOW BUILDINGS	YES NO	YES [NO 🗌
- F	A d T T TO E		OR CONTRIBUTING CAUSE OF OF			DAY YEAR	TIC HOW INJURY OCCI	JRRED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART	1 OR PART 2)	
Z		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED			19					
DIVISION OF	this this he bind wild M	MEC	WHILE NOT WHILE	ZIE PLACE	OF INJURY REET, FACTORY, OFFIC	E FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
2	Afrer of lith o	2.5	AT WORK			7/					
	DR: A		22a I certify that (I) (this hasp saw the deceased alive an		e deceased from		10 4	6,10 107	19.	84 , the	
	ATT DSpit CTC d fo d fo n 21		obove, (1) (we) (did) (did) (did)		ofter death.	, 01	nd that in (my) (aur) apinio	n deoth occurred on the d	ote and hour or	nd from the co	uses stoted
	OR DORE		22b. SIGNATURE	IM	/		DEGREE		,	22c DATE SIC	GNED
	TAL Y th RAL detector fore			MX			ATTENDING PHYSICIAN	MEDICAL STA		11/2	3186
	TO HOSPITAL TO FUNERAL Should be deto with the State IMPORTANT: H		22d. PHYSICIAN'S NAME (TYPE	AL D	Cox	6	22e ADDRESS	nos Mode	c 1100	加加	
	Of of Share of Market	73a B	URIAL, CREMATION, REMOVAL	23b DATE			EMETERY OR COST	124 100 120	1/102/	. 000	
	BP	1	SPECIFY SPECIFY	7/28/	0.0		EMETERY OR CREMATORY	CITY OR TOWN	co	YINUC	STATE
	DF		UNERAL DIRECTOR	1/20/	00	Baltim		Baltimo	re	Mary	yland
	DHMH - 16 60M 7/B4		NAME	TNG 336	ADDRESS	TITT ATT		ATE REC'D. BY REGISTRAR			
	(VRA 15, 4)	1	M.C.MARCH F/H	INC. IIC	JI E.NOR	TH AVE	NOE	11 24 1998	Freha DRIN	down-Har	

		FOR TEAM 11-	1 0 4 000.00	MENT OF HEALTH AND MENTAL HAVE	Tente 13 / 1 Q 3 D /
	1.	- STATE REGISTRAR Ph and	DEPARI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	
11353	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
e e e		ELIZABE	TH	CATHCART	07-01-86
page er dec	3. SE		4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR TO UNDER 24 HRS
rs aft		FEMALE	BLACK	05/29/22 YEAR	785. 64 YRS.
My Pour		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
of on 72	S	South Carolina	USA	WIDOWED DIVORCED	BALTIMORE
202 301	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION (ADDRESS)	120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY
100	_	ALTIMORE	HOME		Housewife
特艺	13a	STATE 136 COU		VN 13d INSIDE LITY LIMITS?	130 STREET ADDRESS / ZIP CODE AVENUE
15 20	1")"	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE LAST
	V	Wesley	Williams	Daisy	Williams
sages dico			IVE WAR OR DATES)		ADDRESS
rs. Po		No	247-36-0		owlett 2716 Spaulding Ave.
hysic cope avol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for to), (b), or ED BY.	idico II A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rem rem		IMMEDIA	TE CAUSE (o)	C 0.//	acusal
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n signed by the a Then please remo ta buriol, cremoti injury, or ather tra	NOI	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COMPON	nce or	AINAL DISEASE OR CONDITION GIVEN IN PART 110
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cote has been sign ansit permit Then I Hygiene prior ta bu 8 shows any injury.	CERTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [(b) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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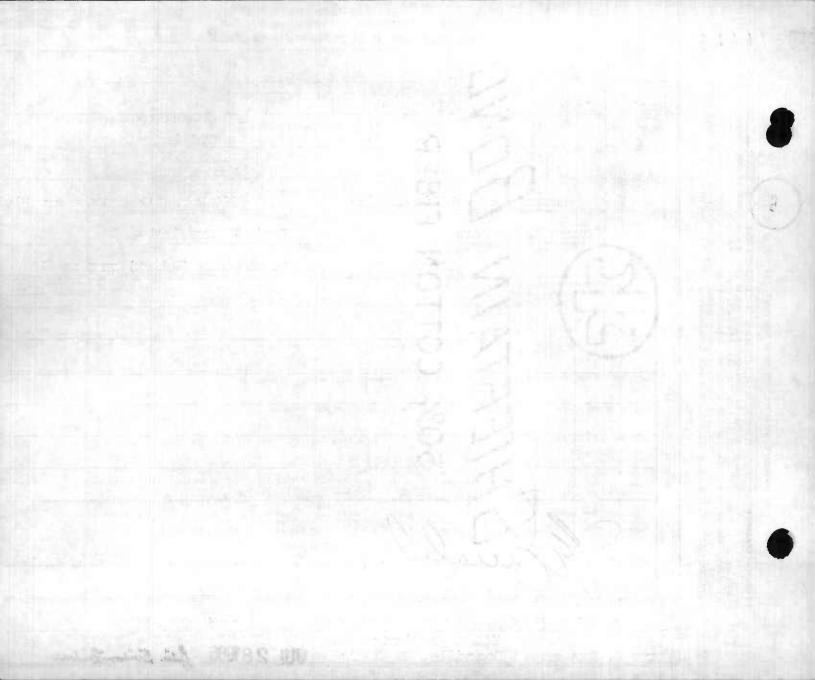
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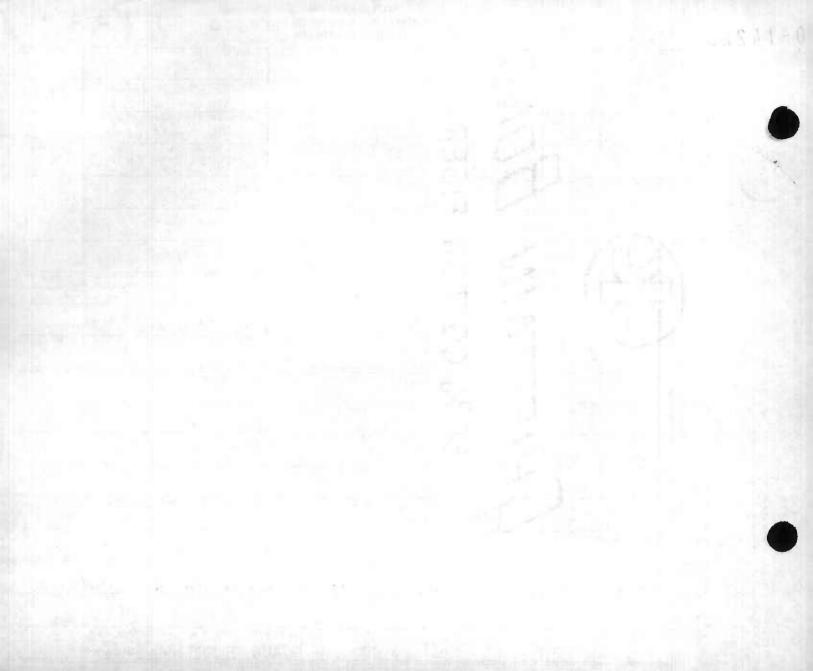


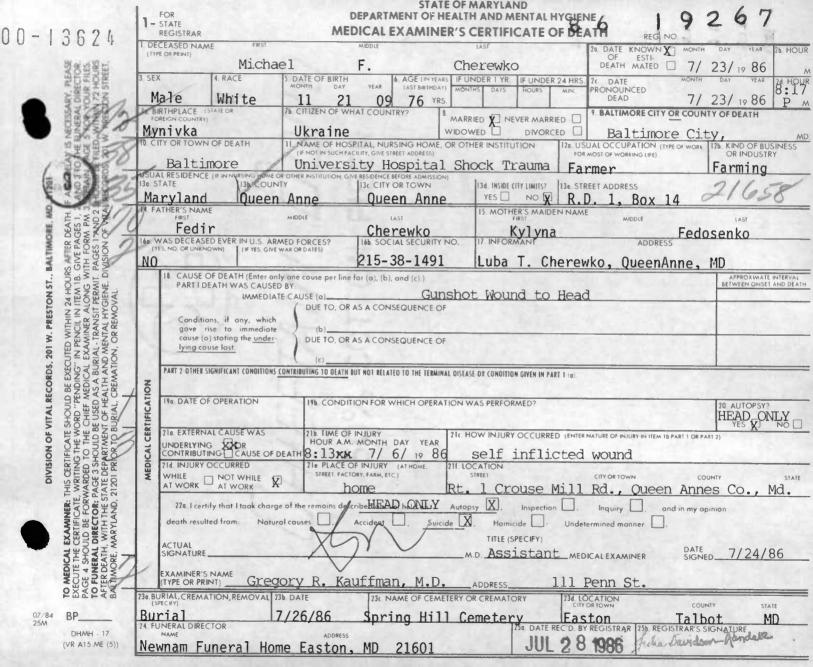
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-	#-39¥ M	1	FIRST	Domestr E	MIDDLE		LAST		FIRS	ST		MIDDLE		4	LAST	
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IM	BASSES /	Thg/V	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AR	MED FORCES? WAR OR OATES)		CIAL SECURITY		17 INFORMA	ANT		ADDRES	S			
AL	ANT SE		No			214-	-56-206	5	Doris	V. Ch	nambers	(Mothe	er) s	ame	as #	13
-	NO. NO.	-	18. CAUSE OF	DEATH (Enter an	ly one cause per line	lor (o), (b), ond (c).)			49.11					PROXIMATE	
15	PASSA'		PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple (2) gunshot wounds of head								BETW	EEN ONSET	T AND DEATH			
PRESTON	VA SER CONTRACTOR		The same of	IMMEDIA					TIOC WC	Julius (or nead					
ES	CATE SHOULD BE EXECUTED WITHIN 24 IN WORD "PENDING" IN PENCIL IN ITEM THE WORD "PENDING" IN PENCIL IN ITEM THE CHIEF MEDICAL EXAMINER ALCA WILD BE USED AS A BURIAL-TRANSIT PER INTENT OF HEALTH AND MENTAL HYGIES TO BURIAL, CREMATION, OR REMOVA		Conditions, if ony, which													
			gave rise to immediate (b)									7/10/2				
201 W.			cause (a) stating the <u>under-</u> lying cause lost. DUE TO, OR AS A CONSEQUENCE OF													
	SA SA SA		lying coosi	e 10st.	(c)									FL.		
DS.	ATION AND AND AND AND AND AND AND AND AND AN		PART 2 OTHER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	NAL DISEAS	E OR CONDITION	GIVEN IN PART 1	lin.					
ő	EA TH	Z	- TO 24						on constituent	OTTO IN THE !	1.02					
RECORDS,	- GEANER	CERTIFICATION	19a DATE OF C	DEPATION.	TION CONDU	ION FOR	WHICH OPER	ATIONIA	AS DEDECTOR	4ED3				Tes .		
4	AL FEET A	2	THE DAIL OF	DERATION	148. CONDI	IONFOR	WHICH OPEK	ATION W	AS PERFORM	NED?				20 A	UTOPSY?	
DIVISION OF VITAL	\$85555 _	Ē	10 594		30.0		600	27				-166			ESX	NO 🗌
Ö	AND TO SEE	18	210 EXTERNAL		HOURS OF	MONTH	DAY YEAR	21c HC	OW INJURY C	OCCURRED (ENTER NATURE OF	INJURY IN ITEM 1	8 PART I OR PA	ART 2)		
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4	ISSES		AT WORK	AT WORK	/ a	ot. h	ouse	350	3 Wood	iland I	Ave, Ba	ilto.				MD.
	L EXAMINER: 1 E CERTIFICATE, DUID BE FORV L DIRECTOR: F H, WITH THE SI MARYLAND, I		22s Loertify	that I took charg	of the reguins des	cribed obc	ive, held on	Autop	sy X.	Inspection	, Inqui	ry 🔲. o	and in my oi	pinion		
	BE FE	130	death resident new Natural cours . Accided . Suicide . Hamicide . Undetermined manner .													
	REG B		TITLE (SPECIFY)													
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	SHY SHE	1	SIGNATURE_	1111	year		-	9 "	D. Cnie	žT.	_MEDICAL EX.	AMINER	DATE	ED	7/20/	00
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BAUTIMORE, M		(TYPE OR PRIN	1	John E. Sr		-		ADDKE 33		enn St.	Ba	lto.M	Ш .		
	595549	23e. B	URIAL, CREMATI	ON, REMOVAL 2	3b DATE	23c. 1	NAME OF CEA	ETERY O	RCREMATOR	RY	23d LOCATION	1	COU	INTY		ATE
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25M		24 FL	UNERAL DIRECT				shingto			e. DATE REC	D. BY REGIST	RAR 756 REC	SISTRAR'S	SIGNATI	JRE	
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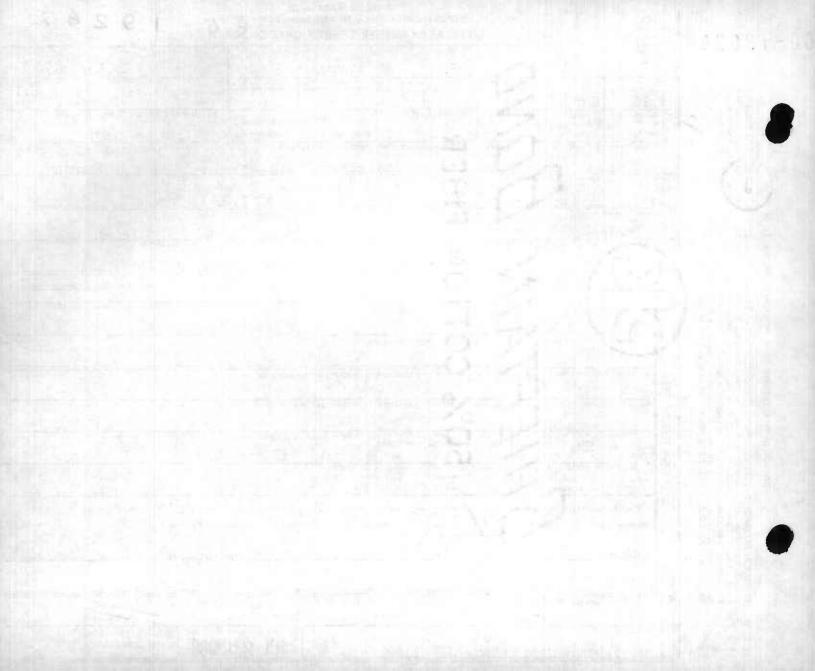
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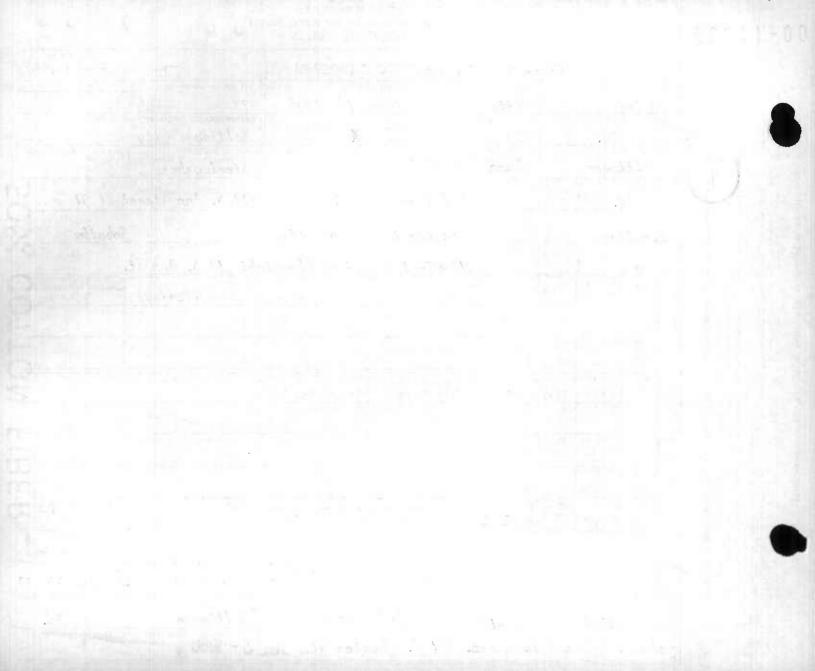
0 11000	١,	FOR	DEF		E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 6	9 2	6 6			
0-14223		- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.					
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ay be		Melvin	Chandler			7 30 86 M					
m. mo	3. SI		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS				
ecto ors of		Male	Black	3	25 07	79	YRS				
Po Por	7a E	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR					
		S.C.	USA	WIDOWE		Baltimore	e City	126. KIND OF BUSINESS OR			
	10.0	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATION	ORKING LIFE INDUSTRY				
58 196		Balto.	1910 Braddi		e	Retired	Self	-Employed			
F 1 1 5	USU 130.	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NTY 130. CITY OF		113d INSIDE CITY LIMITS?	113. STREET ADDRESS / 7	IP CODE				
	2	Md.	Balt		YES XX NO	130.STREET ADDRESS / Z	sh Avenue	venue 21216			
evely 2 sh	14. F	ATHER'S NAME	MIDDLE LA	ST	15. MOTHER'S MAIDEN N			LAST			
MAIN BELLE	0	Joe	Chandle	r	Martha		Scott				
ORE,	160.	WAS DECEASED EVER IN U.S. AF		L SECURITY NO.	17. INFORMANT	ADDRESS					
IMORE De exect On and of Pages medica		(YES NO RUNKNOWN) (IF YES, GI	212-2	2-9198 A	Bertha Cha	andler 1910) Braddish				
, BALT icote b hysicio popers ioval.		18 CAUSE OF DEATH (Enter only one cause per lings for (a), (b), and (c)						MATE INTERVAL			
Triffic rithic phy an po emor		PART I. DEATH WAS CAUSED BY MALE CAUSE (0) Country Guest									
or re		Day Yell	DUE TO, OR AS A CON	SEQUENCE OF		· I of					
deat deat otten aum	13	Conditions, if ony, which (16) Melistative Carcinoma of person of your									
the the emo		gove rise to immediate couse (a), stoting the	DUE TO, OR AS A CON			,					
that that d by ease al. cr		underlying cause last.	(c)								
DS, 20 quires signed hen pli a buril	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	0			
COR rec	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	VAS PERFORMED 200 AUTOPSY? 206. IF YES, W					
L REC	H					YES TO NOT	N CERTIFYING CAUSES YES [7]				
N. Th hysicia icote ransit Hygie 18 sha	18	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY II					
Phy Phy ruffic dall troll to the life in life	. 12	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR							
dring dring se ce burner wen	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION						
NG PHYSKIAN: offending physicians of the burd-front in hond mental Hygical Area of them 18 sourced or the 18 sourced or them 18 sourced or the 18 sourced or	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE			
			oital) attended the deceased	from 6	25 19.73	10. 7 / 3	19.86	that (I) (we) last			
TEND out of TOR: A consequence of Heal		220 1 certify that (II) this hasp saw the deceased plive or	n 7/30/86 of) view the body after death.	19	nd that in (my) our) apinio	n death occurred on the date					
OR ATT e haspit DIRECTO sched fo Dept of f fem 21		226. SIGNATURE	of view the body offer deoth.		DEGREE		22¢ DATE	E SIGNED			
74 750 7		Flucands On MD ATTENDING MEDICAL STAFF 7/31/86									
SPITAL 5 by th NERAL be dete e State		224. PHYSICIAN'S NAME (TYPE	PHISCIAN DIRECTOR PHISCIAN								
0 5 5 5 5 6 6 1		FERNANDO	QUERAL /	n n	4000 ans	asorles Rd	Back me	121227			
Of Short AM	230	BURIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
вР		Burial	8/4/86		ore Cem.	Baltimore	e. Md.	STATE			
	24	FUNERAL DIRECTOR	1 37 17 00	Daronin		ATE REC'D. BY REGISTRAR 25		TURE			
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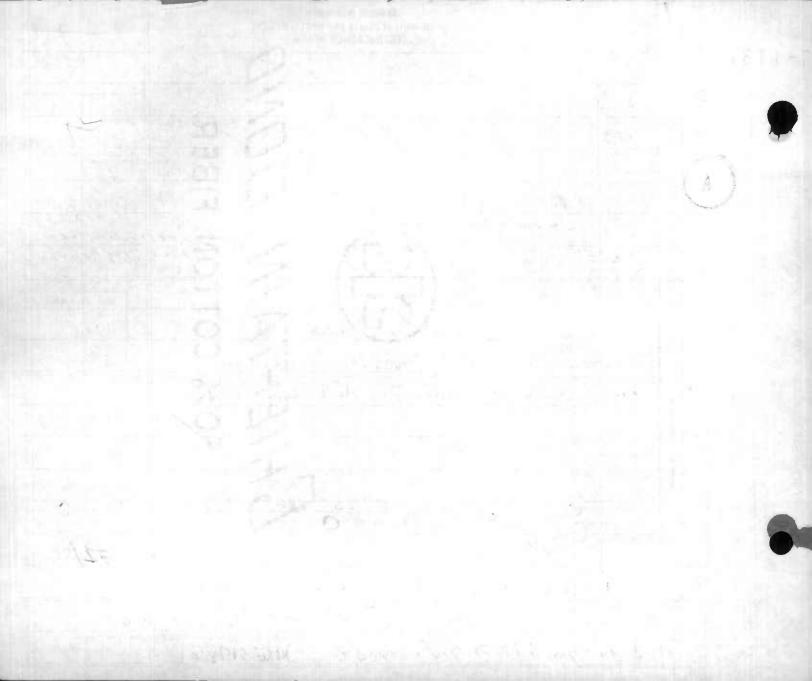


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	e wit			OR PRINT)				111/17	2a. D	ATE OF DEATH MI	ONTH DAY		HOUR
	may be page 3 rer death	-7.5			WALLACE	E. CH		(I (HODAK)			1 2	86	1.05/M
	frer p	-	3. SE	(4 RACE		5. DATE C			E (IN YEARS LAST BIRTHE	DAY) IF UN		UNDER 24 HRS
-	ecto ers.o	13		Mile	White		Marc	h 16, 1908		8	YRS.		
43	Poll di	95		RTHPLACE (STATE OR FOR	IGN 76 CITIZEN O	F WHAT COUNT	RY? 8	D .NEVER MARRIED		TIMORE CITY OR		DEATH	
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	1 20	7	10/	TY OR TOWN OF DEATH				R OTHER INSTITUTION	1 12a U	SUAL OCCUPATION	N 1:	b. KIND OF B	USINESSOR
5	1	1		Baltimore	(hurc	h Hospit	Ca L Dukess)		("3	tee Lwrke	2.7.	NDUSTRY	
212	1 1	五丁	U5U.	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTIO			134 INSIDECITY LIMIT					
N N	A 3			Md.		Balti	more	YES NO	37	REET ADDRESS / 2	Street	21231	
WL.	全市	10	14. F/	THER'S NAME	MIDDLE			15 MOTHER'S MAIDE	NNAME				
MAR	w by	7 ×	(onatius	WIDDLE	Chadr	icki	Josephi	no	WIDDIE	5	obotka	
E, J	sort sort	0	16a V	AS DECEASED EVER IN	U.S. ARMED FORCES			17 INFORMANT	200	ADDRESS	5	00000	
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 212D	Poor	med	- 1	ES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	213-07	2-8104	Diana (ho	dnichi	3// 5 4	Inn St.		
ALT	cton ers.	- ¥		18 CAUSE OF DEATH	Enter poly poe cours o			Decree (10)	witter	.)11 3. 11	1702 323	APPROXIMA BETWEEN ONS	E INTERVAL
80	fico	ent,		PART I. DEATH WAS	CAUSED BY:	116 ma 0		CEREBER	241	TREADER	TION		ITR C
1 ST	certing ing it	r ren		100	MEDIATE CAUSE (a)_	TICHIOL	Ennone	C C N C IS E. IC	-116	IN PARCI	1070		17/23
101	end oth	m of				OR AS A CONSE	QUENCE OF						
RES	e de	trou		Canditians, if any, w gave rise to immed									
×.	th the series	crem		cause (a), stating underlying cause	the DUE TO,	OR AS A CONSE	QUENCE OF						
102	s the	ar o			(c)_								
35, 3	sign	lury.	z	PART 2 OTHER SIGNIF						ISEASE OR CONDI	TION GIVEN I	N PART Ita	
Ö	ree t T	y in	ATIO	190 DATE OF OPERATIO	TENSION,	,		MELLITO N WAS PERFORMED		AUTOPSY?	20b. IF YES, WE	DE EINIDING	CHCED
REC	low os b	S on	CERTIFICATION	190. DATE OF OPERATIO	176. CON	DITION FOR WA	ICH OPERATIO	N WAS PERFORMED		_	IN CERTIFYING	G CAUSES OF	DEATH?
TAL	The icior te h	Hygier 18 shov	RTI	21g. ACCIDENT WAS UNDERL	VIII.S (5) 1214 71445	OF INJURY		Tat- Government		NO NO	YES [NO B
>	AN: ohys ifica	F 8 1		OR CONTRIBUTING CAU		A.M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRED (E	NTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
0	SICI ng ng cert	Hem	ICA	(IF EITHER NOTIFY MEDICAL		P.M.	19						
Sio	PHY end this	N Pu	MEDICAL	214 INJURY OCCURRED	(AT HOME S	E OF INJURY STREET, FACTORY, OFFI	ICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
2	NG offer of the	th a		AT WORK AT WORK							-		
	ND SI a	is a		22a I certify that (I) (th	hospital attended	the deceased fro	LUNE 2	8, 1986,9		JULY 2,	. 19_		t (I) We lost
	Spite CTC	. of n 21		obove, (1) (ve) (did	did not view the boo	ofter death.	9 -86 -, or	nd that in (my) (out) 3p	nnian death a	eccurred on the date	and hour one	fram the cau	ises stated
	OR be	her her		226. SIGNATURE	600	1		DEGREE				220 DATE SIC	
		Store D			2. Clames	9			AN DIRE	CTOR PHYSICIA		, ,	186
	HOSPITAL ined by the FUNERAL	STAN STAN		22d PHYSICIAN'S NAM		2220	200	22e ADDRESSCHU					
	O HO etaine	with the State		RAME	= 2 H 3	sabaph	+141	100 NORTH	BROA	DWAY, BA	LTIMO	RE, MD	21231
	5 7 4	3 ≧		URIAL, CREMATION, REA	MOVAL 236. DATE	2		EMETERY OR CREMATO	ORY 23d	LOCATION		Ibito	£1.00
	BP			Burial	7-5-1	986	Holy	Rosary	B	altimore	CO	UNIY	Md.
FI.	DHMH - 16 6	OM 7/84	24 FI	INERAL DIRECTOR		•	C (1)	25/	DATE REC'E	BY REGISTRAR 25	b. REGISTRAR	SSIGNATUR	
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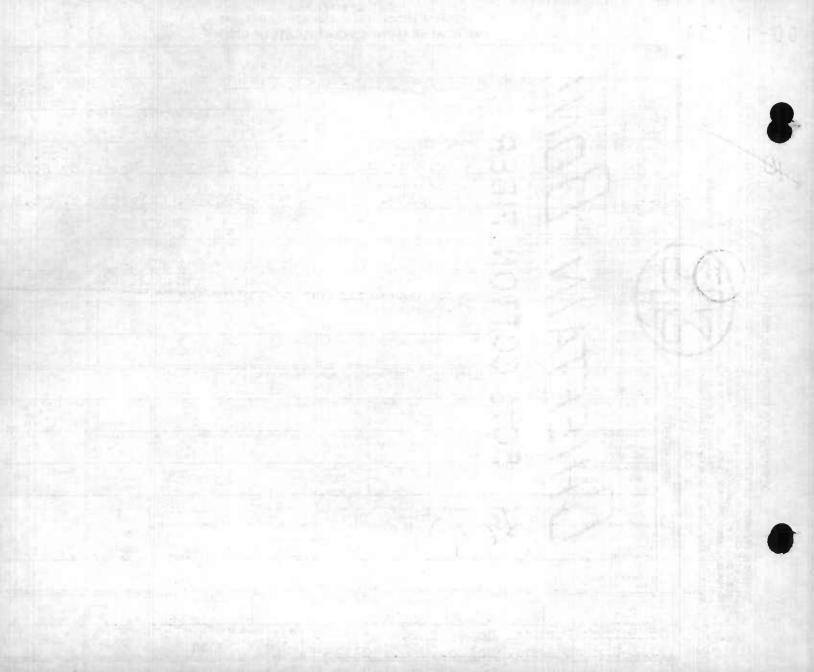


0 0	1 -	FOR STATE REGISTRAR	DEPAR		FICATE OF DEATH	GIENE 8 6 REG. NO.	1 9 2 6
		EASED NAME FIRST THO	MAS L		591AN	20. DATE OF DEATH MONTH	86 812
3	SEX	male	Black	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	MONTHS DATS HOUR
3 7 7a		THPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY	/? 8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORECITY OR COUN	re Gry
7	4	Balt mal		COUN	. / . / 0	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LONG Show ma	
	3a. S	MD B	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13(CITY OR, TO BUTT N		YES NO	130 STREET ADDRESS / ZIP CO 524 NONTH	DDE MOUNT ST
200	FA'	HER'S NAME FIRST NOT at	word ENRIEST	4 1/	15 MOTHER'S MAIDEN NA	attable Lors	2/2 : 115 William
O 16	0 W	AS DECEASED EVER IN U.S. AS, NO OR UNA SWALL (IF YES, C	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 2/8-10		CHANS	- BON SELM	3615 90/1
and the		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), oseD BY: ATE CAUSE (a)		man arres	t	APPROXIMATE IN BETWEEN ONSET
ther traumatics		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	Due to, or as a conseo	ogeni	c shock	well and	1 day
njury, or o	25		conditions contributing to	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION OF	3 01000/
Service to	FICAL	90 DATE OF OPERATION	19b. CONDITION FOR WHIC			200 AUTOPSY? 20b IF	YES, WERE FINDINGS USETIFYING CAUSES OF DE
hem till sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
uked or hem		WHILE OCCURRED WHILE NOT WHILE OF WORK	210 PLACE OF INJURY LATHOME STREET FACTORY, OFFICE		211. LOCATION STREET	CITY OR TOWN	COUNTY
21.6 %		saw the deceased alive a above (livwe) did (did i	pita) attended the deceased from 26 19. not) view the body after death.		nd that in (my) (aur) opinion	death accurred an the date and h	hour and from the causes
AT. II her		226 SIGNATURE	Blowersun			MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNE
IMPORTAN		22d PHYSICIAN'S NAME (TYPI		MD	Ban Seur	urs Host.	
3 ≤ 23	la. B!	BIRIAL, CREMATION, REMOYER			EMETERY OR CREMATORY	23d. LOCATION Laurdi,	My DUNIY
OM 7/B4 2-24	_	NERAL DIRECTOR	638 M GADORES	men	1 6 4	E REC'D. BY REGISTRAR 25h REG	

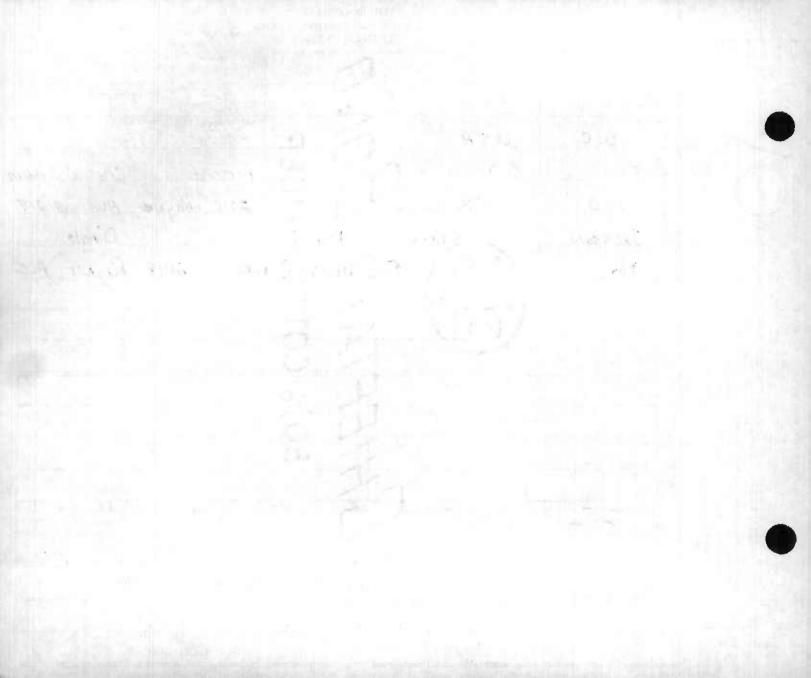
STATE OF MARYLAND



1					STAT	E OF M	ARYLAND						40	
1 5 1 1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR											270		
J 4	REG NO.										30	2010		
	PE OR PRINT)	LIK21		MIDDLE		LA	AST		OF DATE K	NOWN X	MONTH	DAY	YEAR	26 HOUR
	Dennis			Μ.			urchill			MATED	7/	9/ 19	86	M
3. SE	X Z	CE [5.	DATE OF BIRTH	YEAR	LAST BIRTHDA	RS IF UND	DER TYR. IF UNDE		C DATE	CED	MONTH	DAY	YEAR	7:45
N		auc.	6/22/	18	68 YR	MOISTING	DATS HOURS	MIN	DEAD	CED	7/	9/ 19	86	PM
7a 8	anco uve	7b	CITIZEN OF WH				D NEVER MAR	PIED IX	9. BALTIMO	RE CITY OR	COUNT	Y OF DEA	ATH	
	ritish C		a USZ	Δ		WIDOWE		-	Bal	timore	e Ci	tv .		MD
10 C	ITY OR TOWN OF DE		NAME OF HOSE	PITAL, NURS	SING HOME,	OR OTHER	RINSTITUTION	12e USU	AL OCCUPA	ATION (TYPE		126 KIND	OF BUS	INESS
1	Baltimore		3024 IN			:+			bool		h		TOO	
	AL RESIDENCE (IF IN N	IURSING HOME OF O	THER INSTITUTION, GIV	E RESIDENCE BE	EFORE ADMISSIO	N)				Teac	ner	CIL	y S	cnoo
	itate Id.	136 COUNTY	NAME AND POST OFFICE ADDRESS OF THE PARTY OF	13c. CITY C		13	3d INSIDE CITY LIMITS?							
	ATHER'S NAME			1 Da	lto.	,	YES NO L		24 N.	. Cal		t St	.Ap	Ç. B4
9	FIRST		NIDOLE	LA	AST		FIRST			DOLE 21	218	LAS	Т	
	ames Chu			144 5051	AL SECURITY	NO	Marion	Dav	У	ADDRESS			-15	
(ES, NO, OR UNKNOWN	(IF YES, GIVE WAS	PORCES!	1										
I	0	_			7-28-0	775	Mark F							
3 3	18 CAUSE OF DEA		ne couse per line				Allegh	eny .	Avenu	ie 2.	1204	APPRO	N ONSET	NTERVAL
		IMMEDIATE C	AUSE (o)A				Cardiova	scular	Dise	ease				
			DUE TO, OR	AS A CONS	EOUENCEO	F								
	Canditions, if gave rise to) (b)											
	cause (a) statin		DUE TO, OR	AS A CONS	EQUENCE O	F						-		
118			(c)											
3	PART 2 OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO DEATH B	IUT NOT RELATE	D TO THE TERMIN	NAL DISEASE O	OR CONDITION GIVEN IN I	PART 1 Idi.						
ON	Diabetes		S											
CERTIFICATION	190. DATE OF OPER	PATION	196 CONDITI	ION FOR W	HICH OPERA	ATION WA	S PERFORMED?	1.00	14-45			20 AUT	OPSY?	
1												YES		NO [X
S 8	210 EXTERNAL CAL		21b. TIME OF HOUR A.M.	INJURY .	DAV VEAD	21c HOV	W INJURY OCCURR	RED LENTER N	ATURE OF INJU	RY IN ITEM 18 PA	RT I OR PAR	1		
	UNDERLYING CONTRIBUTING				19	- 8								
MEDICAL	214 INJURY OCCU	RRED	21e PLACE O	F INJURY	(AT HOME.	211 LOC/								
2	AT WORK AT	WORK -	STREET, FACTO	ORY, FARM, ETC	-1	STR	EET		CITY OR TOWN	N	COU	INTY		STATE
		-				1				V)				
			the remains desc	ribed obave		Autopsy		ion L.,	Inquiry	A, and	ın my op	INION		
	death resulted from	m: Natural	and the	Academ	, Suic	ide .	Homicide	Undete	rmined mon	ner,				
	ACTUAL	(11)	V			TITLE (SPECIFY)				DATE			
-	SIGNATURE	X		1		M.D	Assista	nt_MEDI	CAL EXAMI	NER	SIGNE	7/	10/8	36
7	EXAMINER'S NAME							222						
	(TYPE OR PRINT)	Greg	ory R. K						Penn S	st.				
1	URIAL, CREMATION,	A STATE OF THE PARTY OF THE PAR					CREMATORY	23d LOC	RIOWN		COUN	TY	STAT	E
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24\$	CH1MUfiek	Funer	al Home	e, In	C.	1977	250. DATE	REC'D. BY	REGISTRAR	256 REGIST	RAR'S SI	GNATURE	e de Ma	
	331 Breh					2121	3 1111	15	1986	Julia Di	antaga	V-Mass		



/				STAT	OF MARYLAND			-7 1
	1	FOR - STATE	DEF		EALTH AND MENTAL HYG	IENE 8 6	192	
-11659		REGISTRAR		CERTIF	ICATE OF DEATH	REG, NO),	
11000		CEASED NAME FIRST	MIDDLE	01	ASI /	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
2 75	(TYF	George George	totor	Clo	ret		7 6 86	1300
An do d	3 SE	1-10	4 RACE	5 DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTH		AR IF UNDER 24 HRS
* 54		Molo	R	MONTH	DAY YEAR	85	MONTHS DAT	IS HOURS MIN.
0 25		7.10.1	2	0	12 01	00	YRS	
12 17	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUR	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
1111		S.C.	USA	WIDOWE		+Dallinon	2 CITU	MD.
7 1 1 27	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		R OTHER INSTITUTION	12a. USUAL OCCUPATIO		OF BUSINESS OR
1 40	1 1	Sattimore	(IF NOT INSOCH FACILITY, GIVE	Joseph Tal		retired	WORKING LIFE INDUSTR	
11 12 5	#5t	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION				SIE SYSTEM
4 1 -	71.00	STATE 136 COUN	7			13e STREET ADDRESS		- 01217
	14 6	ATHER'S NAME	1 Barr	imore	YES X NO		yver HUE	= 0/0//
1 1000	1		MIDDLE	ST	FIRST	WIDDIE	, n.	LAST
1 DOL	7	Jackson	Cu	ark	Marie		DI	rale
de par		WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE		L SECURITY NO.	17 INFORMANT	ADDRES	S	
1 02 1/		No	705-1	10-3350	Anna Cla	irk 2	018 Kay1	wer Ave
1 11 1		18 CAUSE OF DEATH (Enter and	v one cause per line far (a).	(b), and ic			PR	OXIMATE INTERVAL
the state of the s		PART I. DEATH WAS CAUSED	DBY Motos	AA	ance			
5 99 9		IMMEDIAN	E CAUSE (o)	74/10	.,,,,,,			
4 2000		Single of the	DUE TO, OR AS A CON	SEQUENCE OF				
4 1111		Canditions, if ony, which gove rise to immediate	(p)					
4 4413		couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
the state of		underlying cause last	(c)					1000
ogne ogne oby,	2	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	lio
\$ 10 m	ATION	90 DATE OF OPERATION	196 CONDITION FOR V	VHICH OBERATIO	NAME DEDECTORAGE	200 AUTOPSY?	20b. IF YES, WERE FIND	Divide uesp
9 9 6 6	1 5	DATE OF OFERATION	170 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	290 AUTOPST	IN CERTIFYING CAUS	ES OF DEATH?
13 4564	1 5					YES NO	YES 🗌	NO []
37 351 9	9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	LICING A AL ALGERT	H DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM TE PART I OR PART 2	"
OF FREE	3	(IF EITHER NOTIFY MEDICAL EXAMINER)		19	STATE OF THE PARTY.			
10 14 6	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, C	200.00	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
01 11 1	\$	NOT WHILE AT WORK	(AT HOME STREET, FACTORY, C	OFFICE FARM, ETC]	JACES	CHT OK 10 V		317.0
N 4 2 5 5		220.1 certify that (this haspit	al ottended the deceased	from June	25 10 86	10 JULY 1	5 10 86	, that (we) ost
五百 8 3 五 五		saw the deceased alive an	JU14 6	0/	d that in (my) (aur) apinian	death accurred on the dat		
4 8 3 9 4 1		abave lylwer did (did nat	wew the bady after death.		DEGREE			JE SIGNED.
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A Part of the Part	-	V Navelha.	new	141.	PHYSICIAN [DIRECTOR PHYSICI	AN DEPAR	1/0/06
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H O W		KONALD JOHAL	SEIKMAN, MI. U		1840374 XITOLLO	Lt. BALTIMO	ISE MIN SIS	209
21 2233	230	BURIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		Bürial	7/11/86	Md. Na	t. Mem. Pk.	Laurel.	Md.	STATE
	24 F	UNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR 2	Sh REGISTRAR'S SIGN	ATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)		Wm C March F/H	West 4300	Wabash A	VA	UL 8 1986	julia warrada	- Market
(, 5, 5)		THE CHILD IN THE	1000	חנטעטוו			11	



DHMH - 16 50M 4/83 (VRA 15, 4)

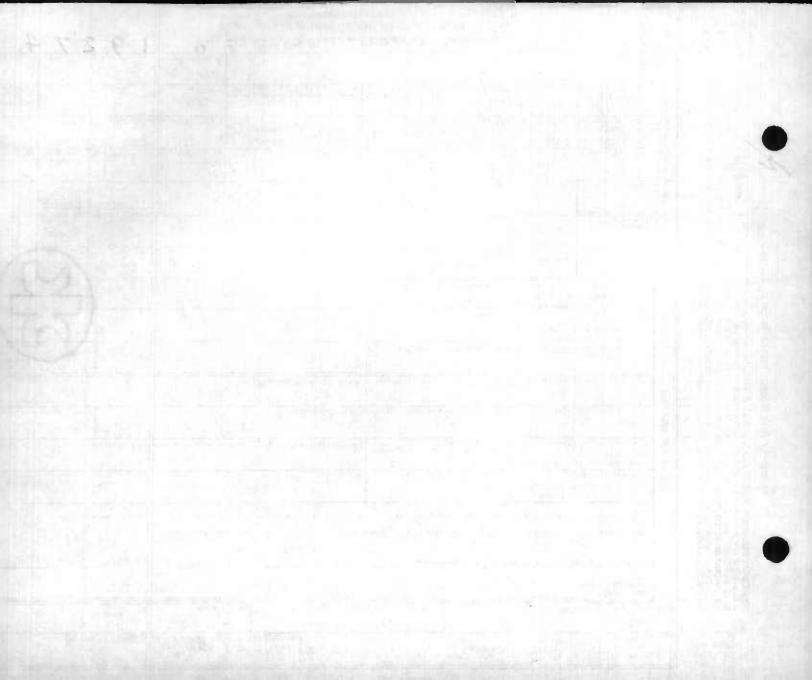
W. Kirk Burbage,

24 FUNERAL DIRECTOR

108 Williams St. Berlin, MD 2181 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE which will be to find the

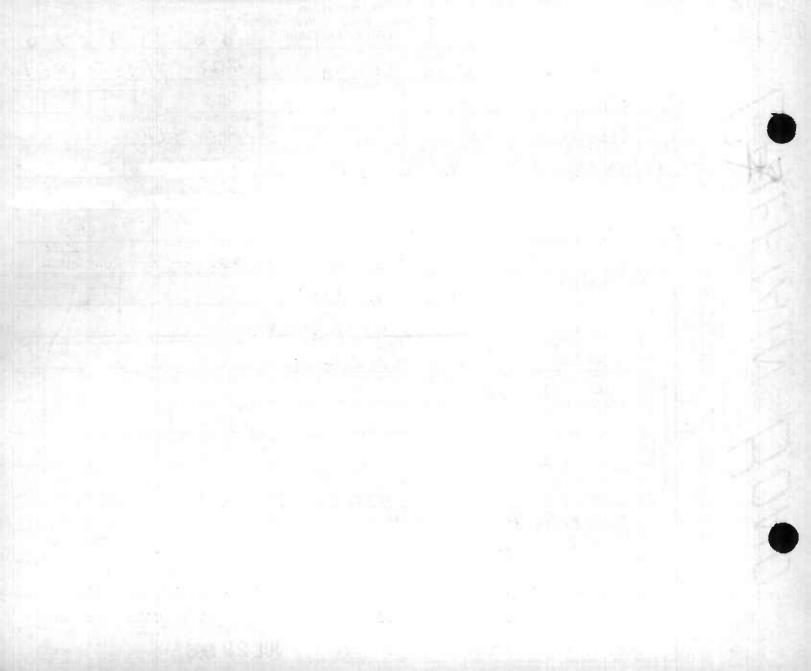


		STATE OF MARYLAND POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE												
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0 0	1 2 0 0 2			FIRST	MIDDLE		TEN 3	LAST	70	KLO		L DAY	YEAR	Zh. HOUR
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	SE S	3 SEX		5. DATE OF BIRT	Н	6 AGE (IN YE				DATE	MONTH /		1986 YEAR	M
	HECESTARY, PLEASE UNEED DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS WEELTON STREET,	F	ъ	2 25		AR LAST BIRTHD				ONOUNCED DEAD	7	14		7:25
	SE SE L		RTHPLACE (STATE OR	76. CITIZEN OF	WHAT CO	OUNTRY?	8 MARR	IED NEVER MAI	PIED 7	BALTIMORE CIT	Y OR COU			
•	A STATE OF S		.C. Washingt	on U.s	a.		WIDOV		-	Balti	more (itv		MD
N.	A A A A A A A A A A A A A A A A A A A	10 C	TY OR TOWN OF DEATH	IT. NAME OF H	OSPITAL,	NURSING HOME	E, OR OTH	ER INSTITUTION	12e USUAI	OCCUPATION	TYPE OF WORK	12b KI	IND OF BUS	SINESS
101	South Control	B	altimore			Imor Sti	reet:		N/	a a			R INDUSTR	()
- 4	500000	USU	AL RESIDENCE (IF IN NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDE	NCE BEFORE ADMISSI	ON)	1						
3	養婦	2.12	aryland	COUNTY		altimore	9	YES X NO		North	Gilmon	re St	treet	17
WD.	H. 22	14. F/	ATHER'S NAME	WIDDLE		LAST		15. MOTHER'S MAI	DENNAME	MIDDLE			LAST	
a di	E SE SE		Unknown	Mode		£831		Mary		MIDULE			ackson	n
BALTIMORE, MI	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	16c. \	VAS DECEASED EVER IN L	J.S. ARMED FORCES?	16b. S	SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDR	ESS	21:	217	
E .	JRS AFTER 3. GIVE PA WITH F. PAGE DIVISION		JNknown	ies, Give WAR OR DATES)	2	2038710	5	Cecilia	Bolder	1121 N	. Giln			t
			IR CAUSE OF DEATH (E	nter only one cause per l								A	PPROXIMATE	INTERVAL
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ō	ALONA OVA OVA		IM			ONSEQUENCE	OF							10-1
- A	ER SER		Conditions, if ony,											
× .	ON TRING	0.7	gave rise to imm cause (a) stating the		OR AS A C	ONSEQUENCE	OF.						1	
201 W.	N A A A		lying couse last.											
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DIVISION OF VITAL RECORDS,	SAE	Z		Alcol			IIIAL OIJEA)	L OR CONDITION DIVEN IN	FAXE I IG					
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IVI IVI	S CEI	ME	WHILE NOT WH AT WORK	ILE STREET, F	ACTORY, FAR			STREET	c	ITY OR TOWN	C	OUNTY		STATE
	IS THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HE, WRITING THE WORD "PENDING" IN PENCIL IN ITEARWARDED TO THE CHIEF MEDICAL EXAMINER ALON PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PER STATE DEPARTMENT OF HEALTH AND MENTAL HYGIST, 21201 PROR TO BURIAL, CREMATION, OR REMOVAL		AT WORK AT WORK											
	SE S		22a I certify that I tao	k charge of the remains o	lescribed o	obove, held an	Autap	sy X. Inspect	ion .	Inquiry .	and in my	apinian		
1	A HE HE HE HE		death resulted from:	Natural causes X.	Accide	ent L. Su	icide	, Hamicide	· Undeterm	ined manner].			
	AAW DE CER		ACTUAL 7	/ 1				TITLE (SPECIFY)						
	¥#8¥##		SIGNATURE	my	~		M	D Assistan	t_MEDICA	L EXAMINER	DATE	IED	7/14/	86
	NO PE		EXAMINER'S NAME	William M.	Zano	MD		111	Donn	The Del	to MD			
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2	-	(TYPE OR PRINT)	11				ADDRESS.	Penn S	bal.	to.MD.	•		
	E05549	230.B	JRIAL, CREMATION, REMO	OVAL TIMOATE	23	C. NAME OF CEA	METERY O	R CREMATORY	23d. LOCA	TION	cor	UNTY	STA	TE
07/84 25M	BP	Bı	urial	7-18-86		Garriso	on Fo			ng Mill			rylan	
ZOM	DHMH - 17		UNERAL DIRECTOR	ADDRE	55	37	Λ	25e. Dm	REC'D. DY RE	1986 R 256 R	EGISTRAR'S	SIGNAT	URE	
	(VR A15 ME (5))	WI	n.c. March F/	H Inc. 1101	East	North .	Avenu	le						



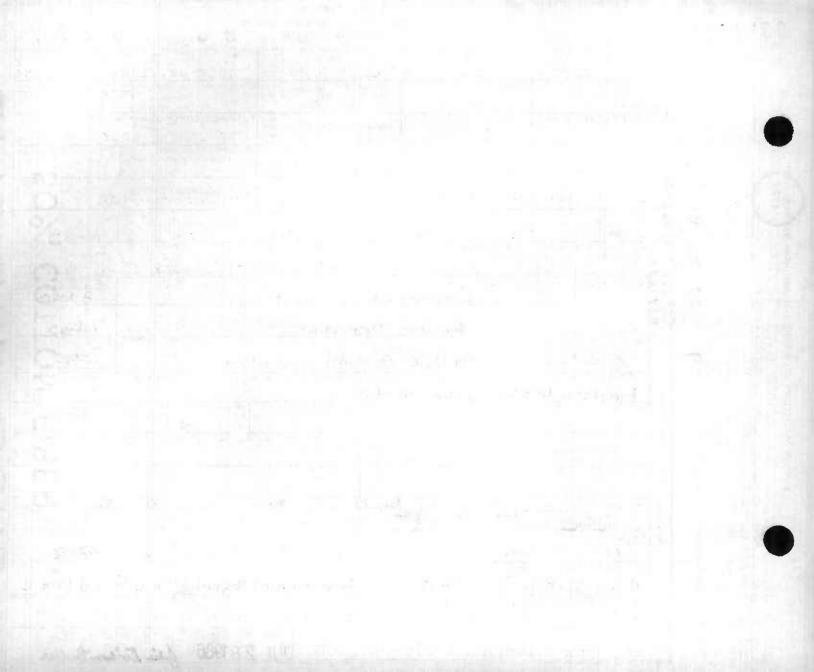
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		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE														
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frer p		3. SE	00	7.00	4 RACE		5. DATE	OF BIRTH H DAY Y	YEAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS	24 HRS MIN.		
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2 P G P	211		RTHPLACE (STATE OR FO	PREIGN	76. CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARR	RIED 🗆	BALTIMORE CITY O	R COUNTY O	FDEATH	200	=		
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心意。	27/	10. CI	TY OR TOWN OF DEAT	H		HOSPITAL, NI		OR OTHER INSTITUTI	ION	126 USUAL OCCUPATION		126. KIND O	F BUSINES	SS OR		
5 0	21	D	atimore City	1	Franc	rs Scott	Kes Ho	spilal		Electrical	Maint.	Weste	ernEle	ectric		
LAND 2120 nn 24 hour ly filled in P	27	USUA 13a S	TATE	G HOME OR	OTHER INSTITUTION	134 CITY OR	BEFORE ADMISSION	1136 INSIDE-CITY LI	IMITS?	13e STREET ADDRESS	ZIP CODE		- 7.2			
AND 124	12		ml	Bet	time	Dunda	alk	YES NO	X	13-SIREET ADDRESS / 8242 North	view R	.oad, 2	1222			
> = 0 -	10	4 FA	THER'S NAME		AIDDLE	LAS	1	15. MOTHER'S MAI		E MIDDLE		LAS	1			
MAR,	£20	0	Harry			Clou	gh	Mabe	el				ack			
BALTIMORE, cate be executed by sician and capers. Page val.	di di		AS DECEASED EVER II		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE			21222			
FIMC S. Pool	E A		Yes	WV	VII	56-	14-1031	June G.	Cloug	sh 8242 Nort	hview					
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PRESTON ne death co emave carb mation, or	raun		Conditions, if any,		(b)_	HAT	ic Stinos	1 Regula	(tation							
W. PF	hert		cause (a), stating	the	DUE TO, C	OR AS A CONS	SEQUENCE OF	In								
d b	0,0		underlying cause	last.	((c)_	Kheu	na Mid ho	eut Disland	8							
	njury,	z	PART 2. OTHER SIGN	IFICANT C	ONDITIONS C	ONTRIBUTING	G TO DEATH BU	NOT RELATED TO T	THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART I	3.			
ORD request.		TIO	CVA,	Sta	IN JERS		WICH ORSO ATIS	N WAS PERFORME		In ALTOPEYS	Tage is used a	1606 ED 10 I	100.000			
RECO low r	Vs any	FICA	190 DATE OF OPERATI	ON	196 CONL	JIIION FOR W	HICH OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN	NG CAUSES	OF DEATH	H?		
DIVISION OF VITAL RECORDS, NG PHYSICIAN; The low requirenteding physician. After this certificate los been signs the buriol-transit permit. There is and Mental Hygiene prior to be	shoy	CERTIFICATION	210 ACCIDENT WAS UNDE	BIVING [21b. TIME (OF INTITION		121, HOW INTURY	/ OCCUPES	YES NO D	YES		NO []		
PF VITA I.IAN: T physici physici I.transi al Hygi	8 C1		OR CONTRIBUTING C		110110	M. MONTH	DAY YEAR	THE HOW HAJORI	OCCURRE	ED LENTER NATURE OF INJUR	Y IN HEM IS PART	TORPART2)				
ON OF IYSICIA ding p is certif burial-1	Fe /	MEDICAL	(IF EITHER NOTIFY MEDICA			OF INJURY	19	211 LOCATION								
VISIO O PHY ortend ond A	ed or	MET	WHILE TO NOT WHILE	E 🗍			FFICE, FARM, ETC)	STREET		CITY OR TO	NN	COUNTY	51	TATE		
	marked		AT WORK AT WORK		6 1 1 4	1 1	7/12	186 10	- 96	7/23	10	86				
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5 9 5 7 9	em 21		abave, (I) (we) (II)	d) (did not	vigit the body	y other death.		DEGREE	,	on occorred on the do	TC GING HOOF G	21s CATE	SIGNED			
L OR A the has	#		14	20	8 1.1.	+		MAN ATTEN	NDING _	MEDICAL STAF		115	2/8			
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TO HOSPITA retained by TO FUNERA should be de with the Stot	N N	220 0	LIBIAL CREMATION S	-1/19/	Tan Dave	110	22. NAME OF	11/10	-11040	123d LOCATION	WILL !!	of Oil	xa y			
	173	230 E	URIAL, CREMATION, R	EMOVAL	236 DATE	06		EMETERY OR CREM		CITY OR TOWN	Milla	OUNTY	l and	ATE		
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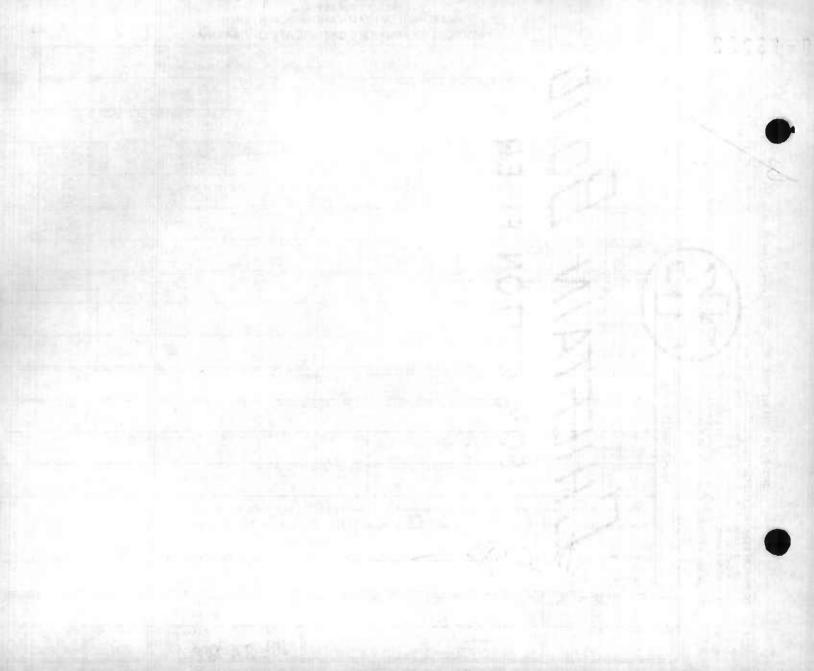


Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399

(VRA 15, 4)



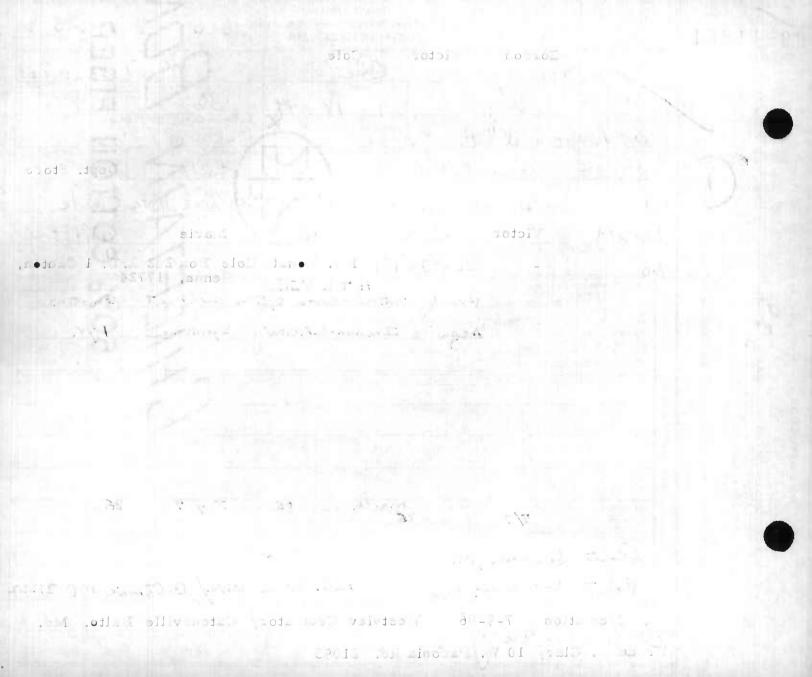
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E ENTREME		No.	WN) (IF YES, GIVE	WAR OR DATES)	2	219-50	-112	6	Fran	k Cobb	32 W	lhee'	ler /	Aven	ue		
8 8 8 9		18. CAUSE OF	DEATH (Enter an	ly one cause pe	er line far i	(o), (b), and (c).)									APPROXIA	AATE INTERVAL
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W. PRESTO WITHIN 2 PENCIL IN MINER AL TRANSIT I ENTAL HYGOR OR REMON			s, if any, which														
MI W. JEN WILLER WILLIAM MENTAN		cause (a)	e to immediate stating the <u>under</u> -		D, OR AS	A CONSEOU	ENCE O										
E HZXZXZ	1	lying caus	se last.	(6)													
BIVISION OF VITAL RECORDS, 101 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN RDED TO THE CHIEF MEDICAL EX E3 SHOULD BE USED AS A BURIAL EDERARMENT OF HEALTH AND OI PRIOR TO BURIAL, CREMATION		PART 2 OTNER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO	OEATH RUT N	OT RELATED TO	NE TERMIN	AL DISEASE	OR CONDITIO	ON GIVEN IN PART	1 (e)						
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T SELECT	CERTIFICATION	19a. DATE OF	OPERATION	19b CC	ONDITION	FOR WHICH	OPERA	TION W	AS PERFOR	RMED?	Na.				20	AUTOP	SY?
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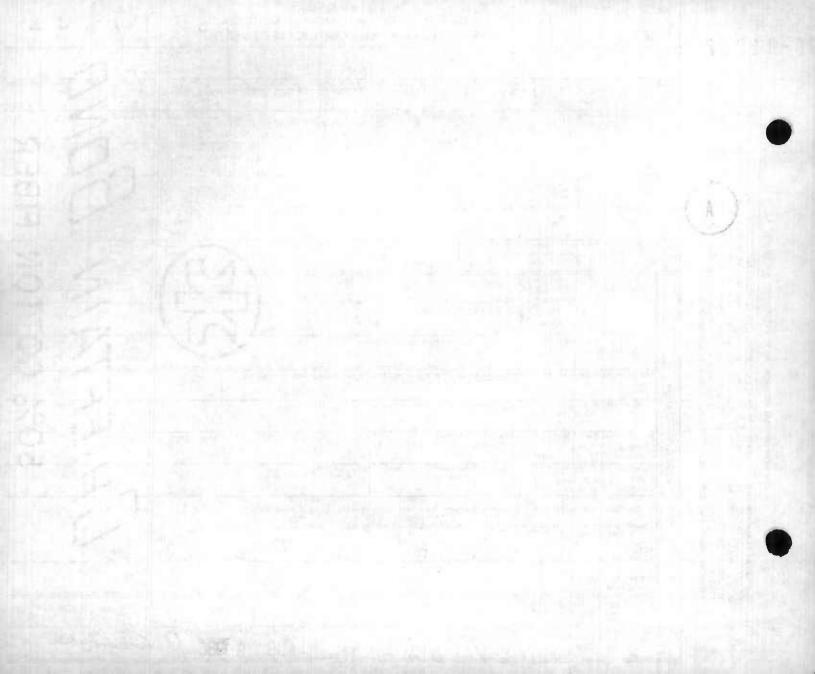
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME FIRST 2a DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Dale COGAR JULY 9,1986 6:15A ROLAND 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 1.5EX 5. DATE OF BIRTH 1 - 3 - 1934 White 52 Male 76 CITIZEN OF WHAT-COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED West Virginia U.S.A. DIVORCED [WIDOWED BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 176. KIND OF BUSINESS OR CTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY HOPKINS BALTIMORE Letter CarrierU.S. Postal USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 14103 Robinson Court 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? Woodbridge Virginia 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Okev W. Maa Cogar Cogar Ora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Webster Spring W.Va. 1955-1959235-50-6993 Dodd & Reed Funeral Home Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line logics, (b) and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OLANGIO CARLINOMA Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CC. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DAJE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 4 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 270.1 certify that (In this haspital attended the deceased from and that in (my) four prinion death occurred on the date and have and from the causes stated saw the deceased alive on 22k SIGNATURE DEGREE 77L DATE SIGN ATTENDING MEDICAL Beaver Run Cemetery Webster Springs W.V. 7-12-1986 S. CON KINGST. 250 PAI RECD. BY REGISTRAR 250 REGISTRAR SAKMATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) 21224

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hospit hospit hed for hed for tem 2 l		22b. SIGNATURE	a nor view the body after death.		DEGREE		22c. DATE SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN A MONTH (TYPE OR PRINT) ESTI-YOUR FILES. IIN 72 HOURS STÖN STREET, DEATH MATED 7-30-86 P COLEMAN FANNIË 4 RACE SEX IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOUNCED DEAD FEMALE BL ACK 1924 62 7-30-86 19 R . 41m 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City VIRGINIA WIDOWED . DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Union Memorial Hospital DIETARY AIDE CAFETERIA Baltimore SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRES 2129 HOMEWOOD AVENUE 30. STATE BALTIMORE, MD. 2120 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY HIMITS? MARYLAND BALTIMORE YES X NO [] BALTIMORE. MARYLAND 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST COLEMAN ALMA FANN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 2129 HOMEWOOD AVENUE IYES, NO. OR UNKNOWN! NO. 160-24-5533 NATHANIE BRAUGHTY BALTIMORE, MD. 21218 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD E DEPARTMENT O NOX YES . 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED FOR THE TO FUNERAL DIRECTOR: PAGE 3 AFTER DESATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an and in my apinion death resulted from: Natural couses Accident Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL 7-30-86 Assistant MEDICAL EXAMINER DATE SIGNATURI EXAMINER'S NAME 111 PennStreet Margarit aA. Korell, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY BURIAL 8/4/1986 KING MEMORIAL PARK BALTIMORE. MARYLAND 07/B4 BP 25M 24 FNUTTEREC&ORSONS FUNERAL HOME, INC. 250. DATE REC'D! BY REGISTRAR 256 REGISTRAR'S SIGNATURE whia Davidson Randelle **DHMH** - 17 2501 GWYNNS FALLS PKWY. BALTIMORE. MD. 21216 (VR A15 ME (5))



VISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201		
PHYSICIAN The law requires that the death certificate be executed with 34 mains after death. There 4 may be	oge 4 may be	
mending physician.		_
r this certificate has been signed by the attending physician and completely tilled in by the three director, page 3	in ector, page 3	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-12528 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 2a DATE OF DEATH MONTH DAY YEAR TYPE OR PRINTS July 14,, 1986 Coleman Raleigh Mack 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 18 18 Black Male O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY BALTIMORE CITY. U.S.A. Virginia WIDOWED DIVORCED [] 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE 2815 E. Preston Street BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore 2815 E. Preston Street 21218 130 STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? Maryland YES [X] 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Pat Salliv Barksdale Charlie Coleman 16b SOCIAL SECURITY NO ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Anna Coleman 2815 E. Preston Street 228-28-1389A 18 CAUSE OF DEATH (Enter only one cause per line for (a), (by, and (c),) PART I. DEATH WAS CAUSED BY Utos IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1,0 CERTIFICATION 200 AUTOPSY 190 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION morked or CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital attended the deceased from (our) apinian death accurred an the date and haur and from the causes stated DEGREE 22c DATE SIGNE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be dete with the State IMPORTANT: 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue

7/18/86

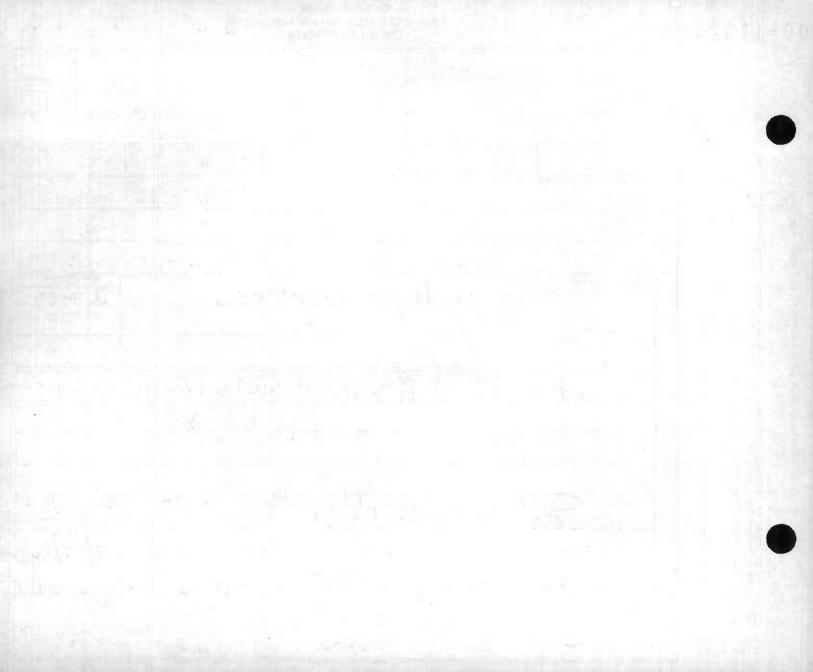
230 BURIAL CREMATION, REMOVAL

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		- 19				STATE OF MARYLAND		
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DH	(VRA 15,			NAME FRANC	IS J. COLLINS		IUL 1 1 1986 guha	Day Light Handale
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TTEN pitol for us of He		saw the deceased alive above, (I) (we) (did) (di	e on _ 1/20	19	86 , and that	n (my) (aur) apinion	death occurred on	the date and hour		ouses stated	
hos hos hed ept tem		176 SIGHMURE A	(1	DEGREE				220 DATES		
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BP		BURIAL	8/02/			ORIAL PARK	<	BALT		MARYLAND	
DHMH - 16 60M 7/84	24 10	UTTERRE& SONS	FUNERAL HO	OME, INC.			E REC'D. BY REGIS		RAR'S SIGNATL	JRE LINE	
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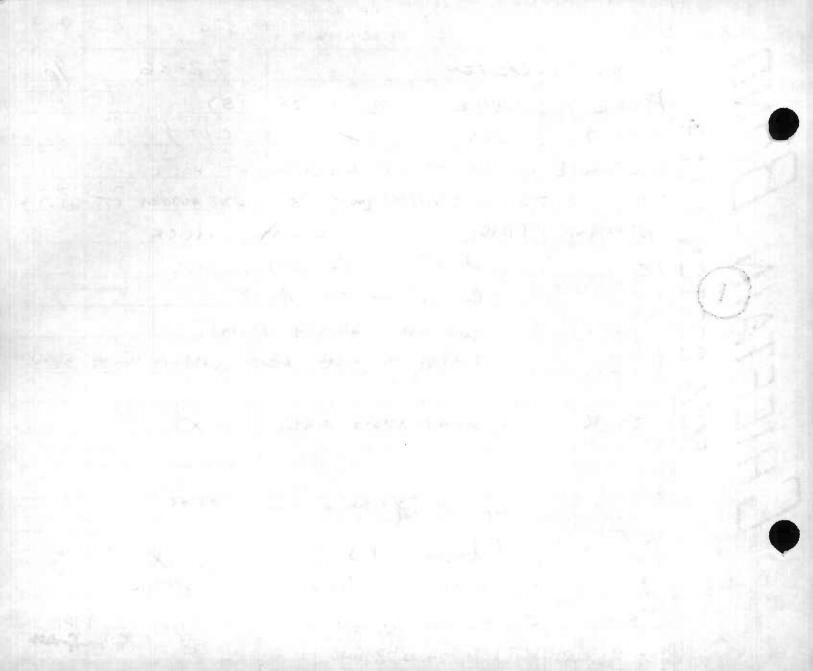
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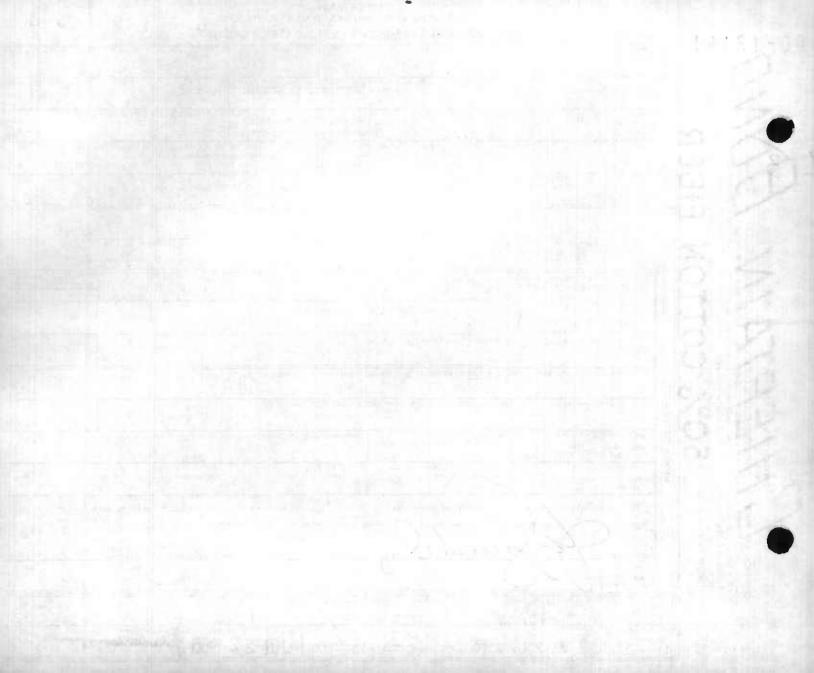


00-	14096	1.	FOR STATE REGISTRAR	DI	EPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	80	192	287
			CEASED NAME FIRST	MIDDLE		AST	REG. NO	MONTH DAY YEAR	26 HOUR
9	poge 3	{TYP	Benjami	n	Cor	npton	July	30 1986	4.39m
% 4 mo	ector, po	3 SE	x Male	White	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONIHS DAY	
0	Pond Pond	7a B	IRTHPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT COL	INTRY? 8.			R COUNTY OF DEATH	
	12.50		Maryland	U.S.A.	WIDOWE	D NEVER MARRIED 🛭	Baltimore	City	MD.
-	1 (1)	10. C	ITY OR TOWN OF DEATH	I NAME OF HOSPITAL,	NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126, KIND	OF BUSINESS OR
2 10	13 TU		Balto.	Seton Hiil	N.H.		Designer		f Employ
MARYLAND 2120	19 3/	13a	AL RESIDENCE (# NURSING HOME OR OF COUN'	TY 13c. CITY C	OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE	
AL S		14. F.	ATHER'S NAME			15 MOTHER'S MAIDEN NA	114 E. IV	Melrose Av	e. 21212
MAR	12		W. Ran		ast on	Elizabeth	MIDDLE		LAST
	-DG-		WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE	War War	ren
OW!	P P P P		YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-34-1479	Elizabeth W	/. Compton	Same	
T., BALI	physicio in papers emoval.	Г	18 CAUSE OF DEATH LEnter only PART 1. DEATH WAS CAUSED	y one cause per line for (a),	, Ibi, and ici.		ARKEST		OXIMATE INTERVAL EN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, INC. PHYSICIAN. The low requires that the death certificate he executed.	d by the attending ease remove carb al, crematian, or r		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A COL		AIDS			
RDS, 20	Then pl	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART	110
AL RECO	ician. ite hos beensit permit. giene prio	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINING CAUS	
SION OF VIT	ng physicial certificate h irial-transit ental Hygies Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)		TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I OR PART 2	3)
DIVISION BING PHYS	4 14 5 0	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211. LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
I SUDIN	or use as of Health as I is mark		22a. I certify that (I) (this haspite saw the deceased alive on	7/22	19 26 1	nd that in (my) (our) opinion	death occurred on the do	te and hour and from t	that (1) (we) last
A A	e hasp DIRECT Sched f Dept o f ftem 2	100	above, (I) (we) (did) (did pet) 22b. SIGNATURE	view the body after death	1	DEGREE			TE SIGNED
O NO		1	0 5h	Mu		ATTENDING PHYSICIAN	MEDICAL STAF	F 7/	130/86
HOSPIT	retained by the TO FUNERAL shauld be determined to with the State IMPORTANT; I		224. PHYSICIAN'S NAME (TYPE OR	PRINT)	•	22e ADDRESS	_ owneron _ more	7	1
0	shauld b		Wusu	Osei M.D.		5710 Wabas	sh Ave.		
1	6 F 2 3 7	23a	BURIAL, CREMATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
	BP		Cremation	7-31-86		n Mount	Balto.		Md.
DH	IMH - 16 60M 7/84		UNERAL DIRECTOR		DDRESS		TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	
	(VRA 15, 4)		Henry W. Jenki	ins & Sons	Co. Bal	ro. Md.	JE O - 1900 }	1	

C. F. S. O. J. J. C. 1 - C. The state of the s tion one off .a.e.U Dasigner Self Erector. salto.____ ston Hii N.H. Mr. x 114 E. Malfore Avs. 21217 . Israil Chira ende not nov. hi said . os rel inucia mena tela niiz istu A Y LIE Henry V. Janaina a sone Co., Estro., Vd. Lake C. Lake C. Lake

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-CONNOR DEATH MATED DELLA Μ. 4 RACE IF UNDER 1 YR DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 2:18 76 b 6 20 11 DEAD D TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED & DIVORCED U.s.a Baltimore City 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY I, 2, AND 3 IO A 3. RETAIN P 2 SHOULD BE I'VAL RECORD Baltimore N/A 1131 West Baltimore Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 1131 W.Baltimore Street 21223 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME DEATH SES I. AS AFTER DEATH-GIVE PAGES 1, 2 WITH FORM PM PAGES 1 AND 2 FIRST MIDDLE LAST MIDDLE Thomas Rawling Della Parker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) 212321284 2605 Maisbury Ct. 21230 Eva Hood 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL IEF MEDICAL EXAMINER ALONG W SED AS A BURIAL - TRANSIT PERMIT. F HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cirrhosis of liver with gastrointestinal hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Chronic alcoholism gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOW EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USE AFIER DEATH, WITH THE STATE DEPARMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES X NO [21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 211. LOCATION TIMES FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 22s I certify that I took chafge described obove, held on Inspection Inquiry and in my apinion death resulted list Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE SIGNED 7/19/86 MEDICAL EXAMINER EXAMINER'S NAME Smialek. TYPE OR PRINT ADDRESS_111 Penn St. Baltimore, Md. 21201 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23L NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAT 07/B4 Baltimore Marvland 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Aulia Davidon - 12 12 WM.C.MARCH F/H INC. 1101 East North Avenue (VR A15 ME (5))

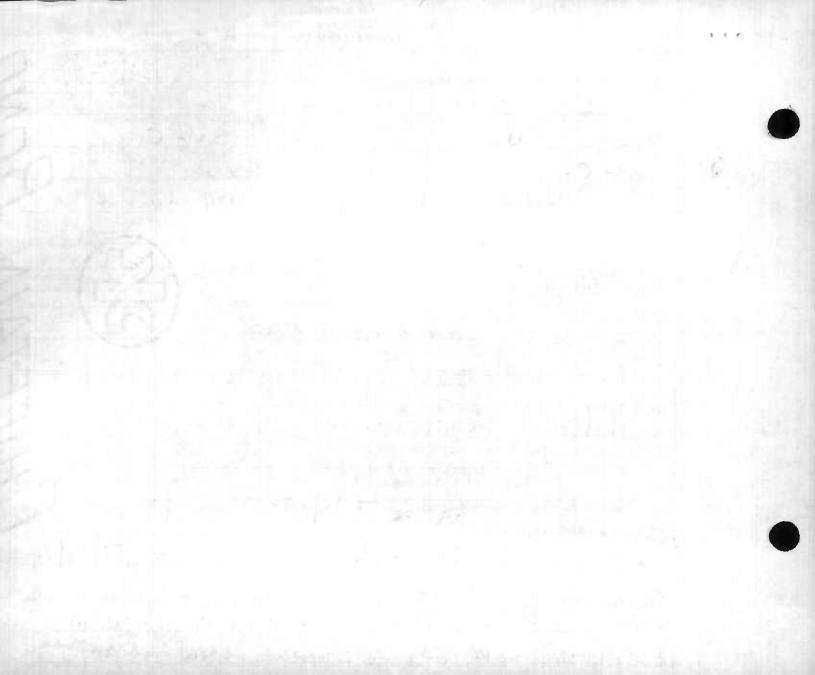
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431	4	11	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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oy be		_	- Lac	- NUITI	0801-	116	-9106 1435 M
E G	1	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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00	20-	II BI	RTHPLACE I STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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S. Company	23/	40	-01+CiVI	Univ a	and I	Homemaker	a incosini
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th th	her		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOL	JENCE OF		
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ires an pl	7,0		PART 2 OTHER SIGNIFICANT C	onditions <u>contributing</u> to	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 110
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been been mit prior	à /	CATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
e e e	2	FIC	7/3/26	95-	Time		IFYING CAUSES OF DEATH?
N. The	8	CERTIF	71g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	Jumes		ES NO
hys fro tror	8		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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≥ 6 ° 6 ≠	ō	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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Sput	n 2 i	1	above, (1) (we) (did) (did not		, and that in (my) (dur) opinion	death occurred on the date and ha	ur and from the couses stated
OR bolkE	hen	6	776 SIGNATURE	1 1	DEGREE		22c. DATE SIGNED
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TO HOSPITAL retoined by t TO FUNERAL should be det	IMPORTANT		2000	- Hord Work			
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				STATE OF MARYLAND		
4212	1 -	FOR STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	YGIENE 8 6 REG. NO.	19290
		CEASED NAME FIRST OR PRINT)	WIDDIE	LAST	20. DATE OF DEATH MONTH	12
death death		Walter	E.	Cook	8	4 86 8:30A M
Her Co	3. SEX	4	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
185		ale	White	9 10 16		rrs.
2 1	70.01	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	
15 6	We	st Virginia	U.S.A.	WIDOWED DIVORCED [MD.
00		altimore	1. NAME OF HOSPITAL, NURSING SENDT IN SUCH FACILITY, GIVE STREET A 25 Freeman Str	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK Laborer	126. KIND OF BUSINESS OR INDUSTRY Steel
185	13a S	AL RESIDENCE (IF NURSING HOME OR OLTATE 136, COUNT		134 INSIDE CITY LIMITS?	1227 Scott St	CODE reet21230
		THER'S NAME		15 MOTHER'S MAIDEN I	NAME	
		Sumner	M Cook	Myrtle	M •	Rice
s lo		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT	ADDRESS	21227
s. Pog	- (YES. NO OR UNKNOWN) (IF YES, GIVE	215-16-5	5987 Victor Coo	k 502 Carlsbad	
t, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per lipe (a), (b), one	Ico A. A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ation		Conditions, if any, which gave rise to immediate	1 mellione	e was mu	aven + D.F	7,-
ose rem I, crem ather		couse (a), stating the underlying couse lost.	DUE TO OR AS A CONSEQUE	ed sten-fde	Ate Cordio 1	las asser
signed hen ple to burio ijury, or	N	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING DE	PEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITIO	N GIVEN IN PART 116
prior 1	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED
ws ws	TIFIC				YES NOT	CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
0 I 00		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE	
Mentol Mentol or Item 1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ond M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
th or		AT WORK AT WORK		2/1000	1 00	01
Heal is m		220.1 certify that (I) (the hospita		198	10 8 - J	, 19, that (I) (we) lost
of 0	100	saw the deceased alive on _ above 1) (we) (did) (did part	view the body ofter death.		on death occurred on the date an	d hour and from the causes stated
Dept Dept if Hen	137	226. SIGNATURE		DEGREE	I NEDICAL CTAFF	22c. DATE SIGNED
should be deto with the State [IMPORTANT: If	200	11	m 10		MEDICAL STAFF DIRECTOR PHYSICIAN [
RTAN	65	22d. PHYSICIAN'S NAME YTYPE OR	PRINT)	22e ADDRESS	10110	1 - 2125
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s > <		URIAL, CREMATION, REMOVAL SPECIFY Burial		AME OF CEMETERY OR CREMATOR		CRUNTA . Mdate
50M 4/83		INERAL DIRECTOR		125a. D	ATE REC'D. BY REGISTRAR 256. RE	EGISTRAR'S SIGNATURE
um 4/83	Ge	orge J. Gonce 4	001 Ritchie Hg	wy Balto Md	UB 5 988 Julie	1 Devident property
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4209	FOR STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 1	9291
deoth deoth	DECEASED NAME (TYPE OR PRINT)	Enjanm F.	CODEY IS DATE OF FIRTH 12 26	20 DATE OF DEATH MONTH 7 /3	31 86 415 AM
r s ofter	Male	Black	MONTH DAIS THAT	57 YRS.	MONTHS DAYS HOURS MIN.
of Translation	BIRTHPLACE (STATE OR FOR FIGH COUNTRY) NORTH CAROL		MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO, CIT	TY OF DEATH
11 42	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING SELF EMPLOYE)	CONTRACTOR
10	30. STATE MD	ME OR OTHER INSLITUTION GIVE RESIDENCE BE COUNTY BALTU BA	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CON	LICO ROAD
30	4. FATHER'S NAME FIRST ROSSEV	ELT COOPER	0001	e MIDDLE	DAY
medico	60. WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) NO	S. ARMED FORCES? 166 SOCIAL SE ES. GIVE WAR OR DATES) 226 -22		ADDRESS N J. COOPER 4507	PIMLICO RD. 212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
o burial, cremation, or ren jury, or other troumatic ex-	Conditions, if any, white gave rise to immedia cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF T		MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
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	OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2)
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If hem 21 is	saw the deceased ali	haspital) attended the deceased fra ve an		n death accurred an the date and hi	, 19, that (1) (we) last aur and fram the causes stated 22c. DATE SIGNED
should be deta with the State [IMPORTANT: If	224 PHYSICIAN'S NAME	L. Cohin	22e ADDRESS	15/17AL, BALTU	nike
	30. BURIAL, CREMATION, REMO (SPECIFY) BURTAL	23b. DATE 2 8/4/86	31. NAME OF CEMETERY OR CREMATORY BALTIMORE CEMETERY	BALTIMORE	MARYLAND STATE
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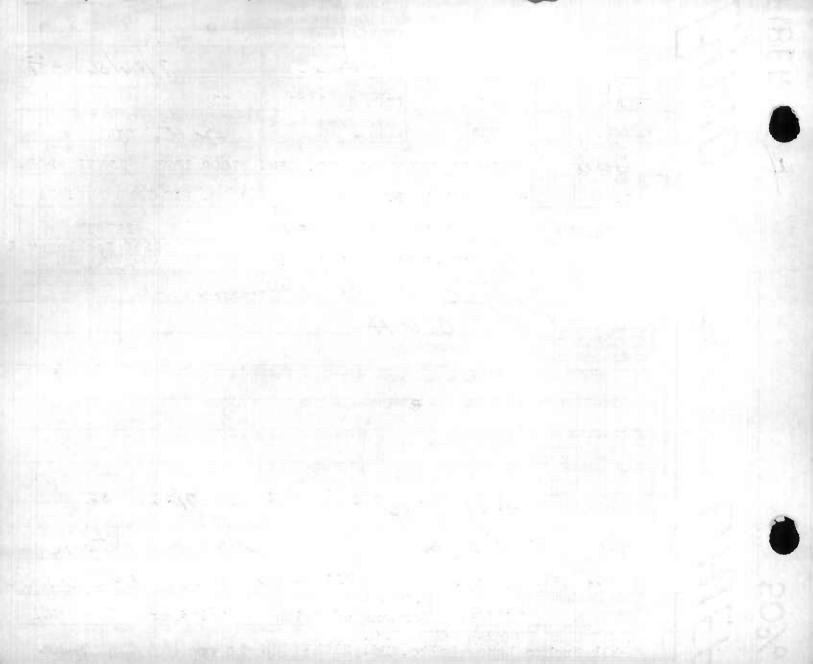
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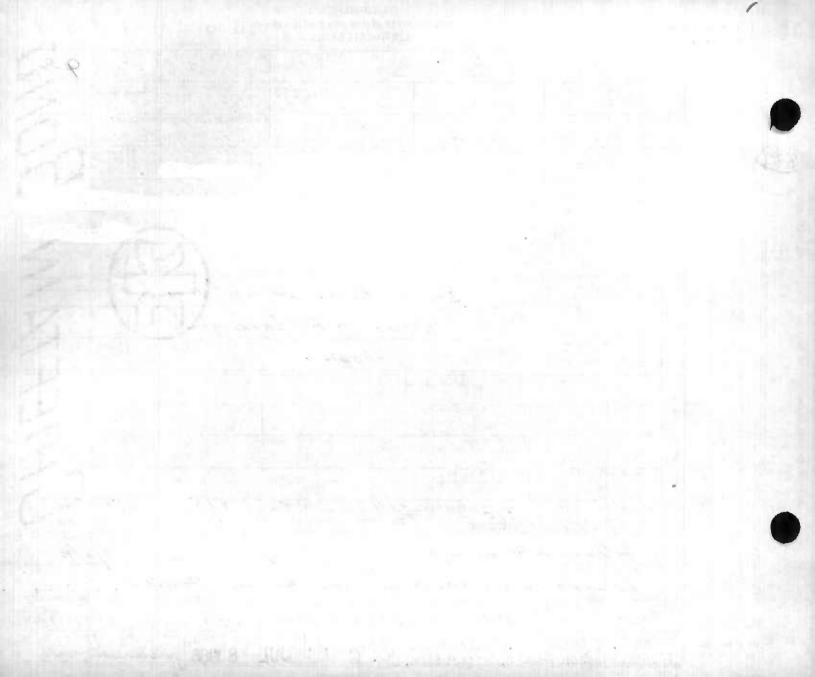
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	1	STATE OF MARYLAND
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physics physics proper present, th		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (6) APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH LICENSEL LICENSE
5, 201 W. PRESTON THE BOAT THE death THE STATE OF THE STATE	,	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
M RECORD No los esta No los e	TIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 AUTOPSY? 206 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES NO
OF VITA CCLAN T O physics entitions and Prop or 18 sh	AL CERT	The Account was uncounted [21b TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 PM, 19
WISION orthoria the that a the but the dad Ma	MEDICAL	THE INJURY OCCURRED 716. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET CITY OR TOWN COUNTY STATE
CTOR. At the state of Health	1	27a. I certify that (I) (this haspital) attended the deceased from
TALOR AT VINE hospital CALDIRECTOR democratic Dept.		DEGREE ATTENDING MEDICAL STAFF 7/2/86
O HOSPITAL erained by the TO FUNERAL should be det with the Sure		220 PHYSICIAN'S NAME TYPE OR PRINT) 220 ADDRESS 221 ADDRESS
BP		Burial CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 236 LOCATION CITY OF TOWN STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	ero 0. Duet 4600 Libert of Ress Hats Ave JUL 22 1986 Julie Devident Handson

		1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENER 6	9294
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page 3			NEL		CORRIE	1/6	6/86 3 PM
or. p		3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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filled in	35		AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 29 N. HIGHLA	ND AVE. 21224
2 sh	iner	14_F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	
o de o	D X		WILLIAM	DONAHU	E ELLEN	MIDDLE	LEISTY
Podes	medical	16a \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEC 212-07-		ADDRESS 260 RASDAUSKAS (DG	6 Beckleysvil HTR) Rd. Freeland Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ector: Africa africation of far use of the traffic af Health	is a			spital) attended the deceased from	5/5 19 86 and that in (my) (our) opinion	on death occurred on the date and hou	19_86, that (I) (we) last
RECT ned for	em 2	1	obove, (1) (we) (did) (did	not) view the body after death.	DEGREE		22c. DATE SIGNED
the L DI	±		Mechel 4	Yourtah, m.		MEDICAL STAFF	7/28/86
retoined by TO FUNER, should be d with the Sto	IMPORTANT		Michele F.	Now stock	120 ADDRESS 4940 Ems	ten Avenue b	2 Him 1021225
shot of shot	≥		BURIAL, CREMATION, REMOVA	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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(VRA 15, 4)			3331 Breh	ms Lane, Balto	o. Md. 21213	11 2 0 1006 Julia 1	widow Pandelle





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE LAST 20 DATE OF DEATH TYPE OR PRINT 86 Lucille Cosby IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR Black Female 23 65 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA Baltimore City Va. DIVORCED WIDOWEDKT 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Retired Retired (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY 4919 St. Georges Avenue Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 4919 St. Georges Ave. 13a STATE 113b. COUNTY Balto. 113d. INSIDE CITY LIMITS? 21212 Md. YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert Carter Flossie Simmons ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Jeannette Cunningham 3803 Wabash Ave. 219-07-0246 No 18 CAUSE OF DEATH (Enter only one course pg PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IS Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE) 21b. TIME OF INJURY WY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC.) D SQLWHILL E 27x I certify that (I) (this haspital) attynded the and that in (my) (aur) apinion death occurred or the date and hour and from the couses stated shove, (i) (we (did) (did noteward) hady DEGREE ATTENDING MEDICAL STAFF PHYSICIAN I DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

C March F/H West

Burial 24 FUNERAL DIRECTOR

4300 Wabash Ave

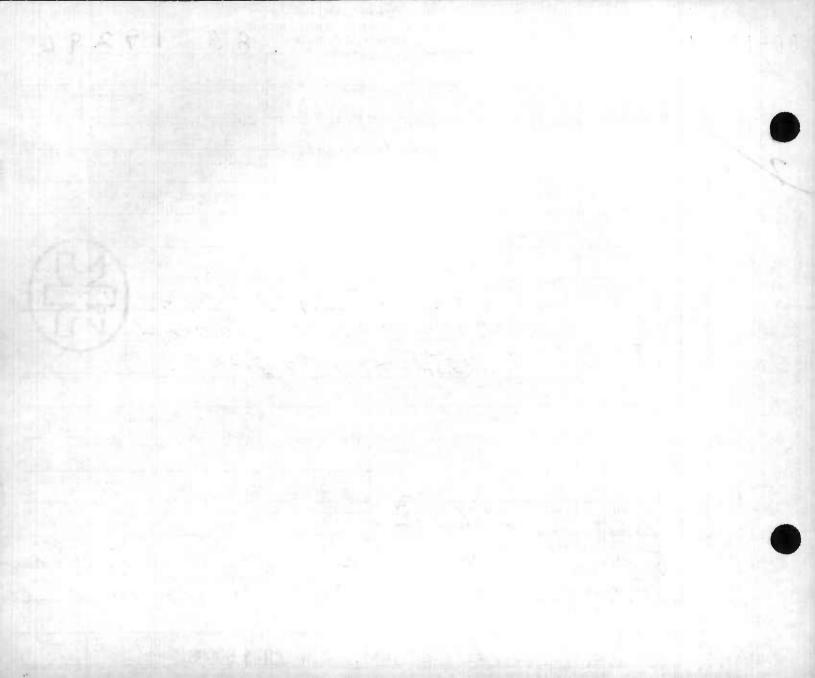
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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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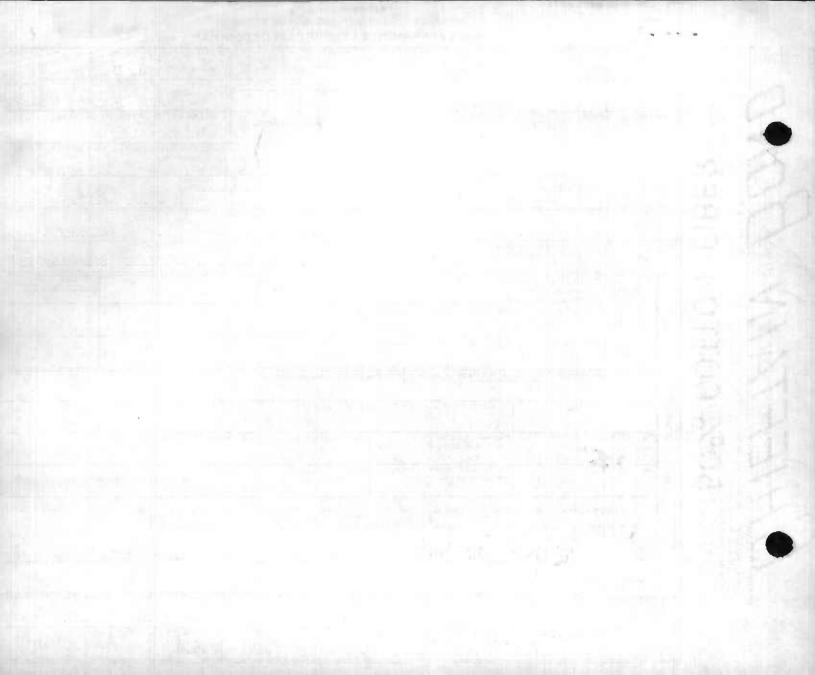


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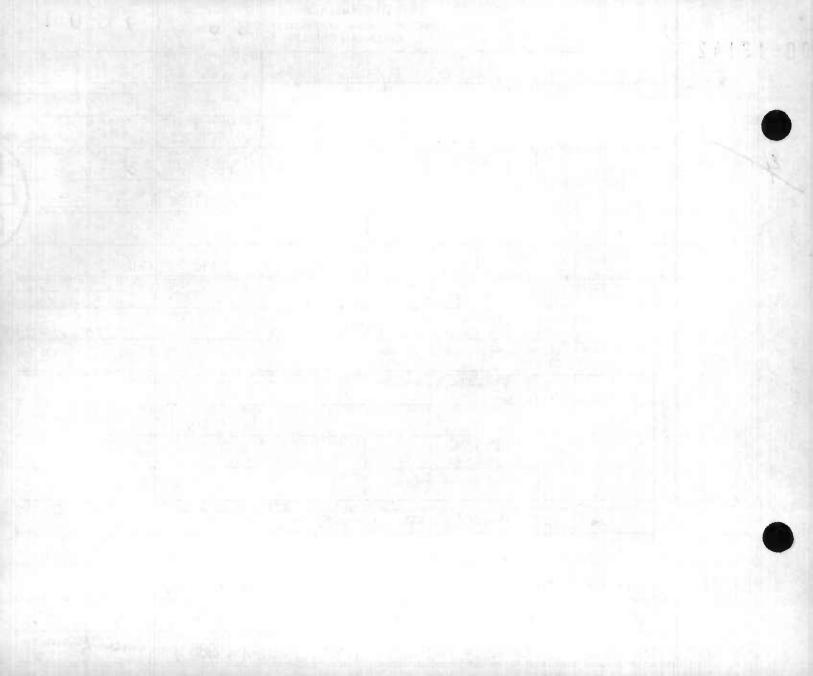
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9	THE FACE SCARY, PLEASE AND THE FUNERAL DIRECTOR. A 3. RETAIN PAGE 5 FOR YOUR FILES. 2 SHOULD BE FILED, WITHIN 72 HOURS. TAL RECORDS, 201 W. PRESTON STREET.	13a. S1 M		13b. COUNT	Y	13t. CITY OR BAL'	TIMORE	YES X	NO	4127 Hve	RESS den Cour	+	21225	
19	22.St. 23.2	14 FA	THER'S NAME		MIDDLE			15. MOTHER	R'S MAIDEN					
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	EXAMNER: CERTIFICATION OUD BE FOR DIRECTOR: , WITH THE: MARYLAND		death resulted from	n: Noturo	l causes .	Accident XX	, Suicide [. Hamici	de .	Undetermined r	monner .			
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	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		EXAMINER'S NAME	M:	argarita j	N Vor	oll M D	ADDRESS	111	1 Donn	Ctroot			
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE A SHOUD BE F TO FUNKER ID RRECTE AFTER DEATH, WITH THE BALTIMORE, MARYLAN		RIAL, CREMATION,				E OF CEMETER			Penn S 23d LOCATION		COUNTY	ν.	
07/84	BP2		ÜRIAL	J	ULY 30,198	36 CED	AR HILL			BROOKL')	MD.	STATE
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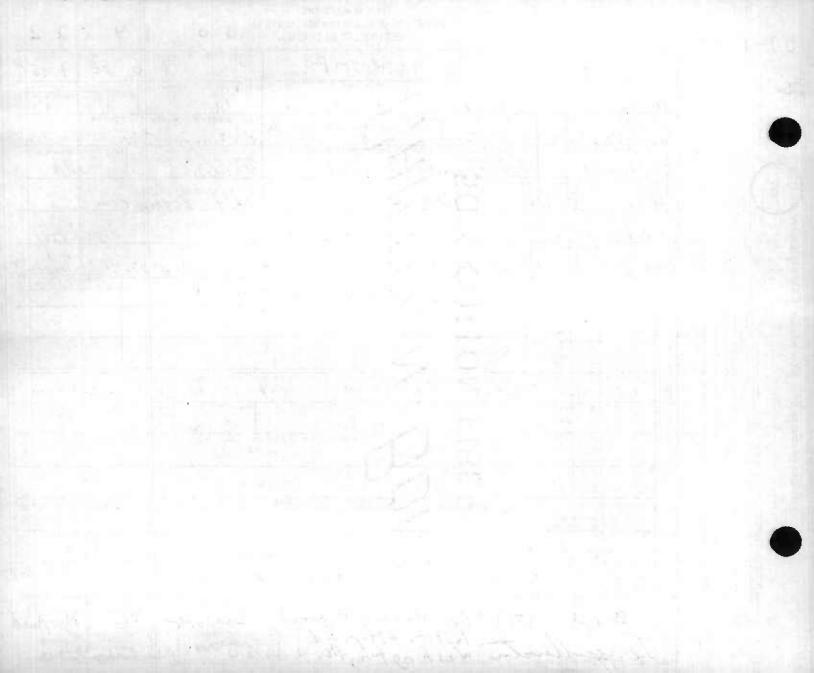


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-13695		CEASED NAME CHARLES ALEXANDER CROMUELLS: P. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 7/18/86 9:47 AM
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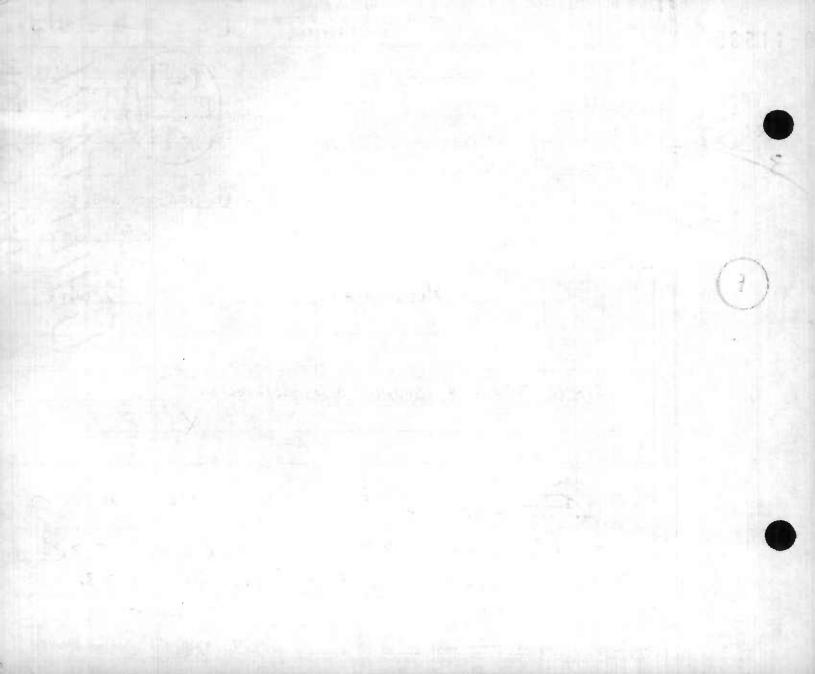
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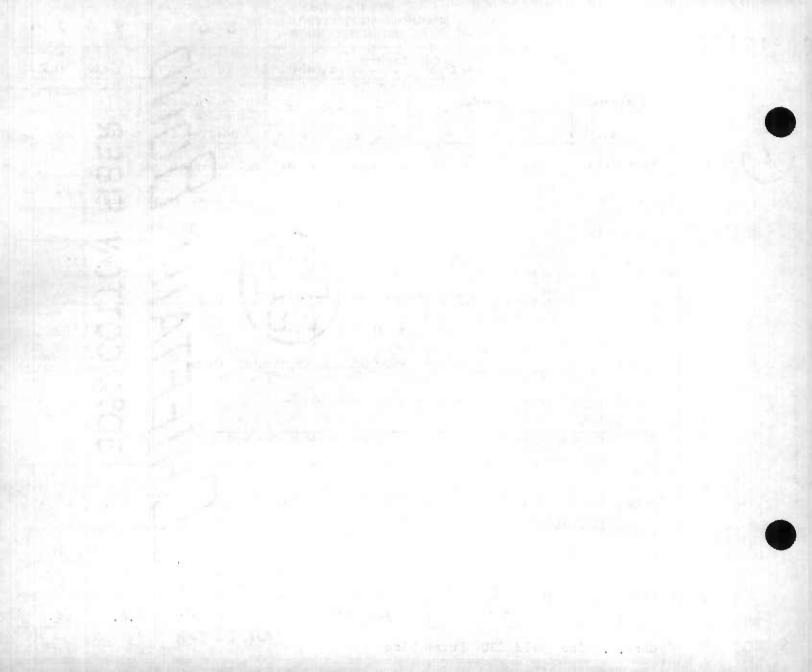


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onte b speric speric speric		18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	r line far (a), (b), and (c)	PNEU MONIA.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
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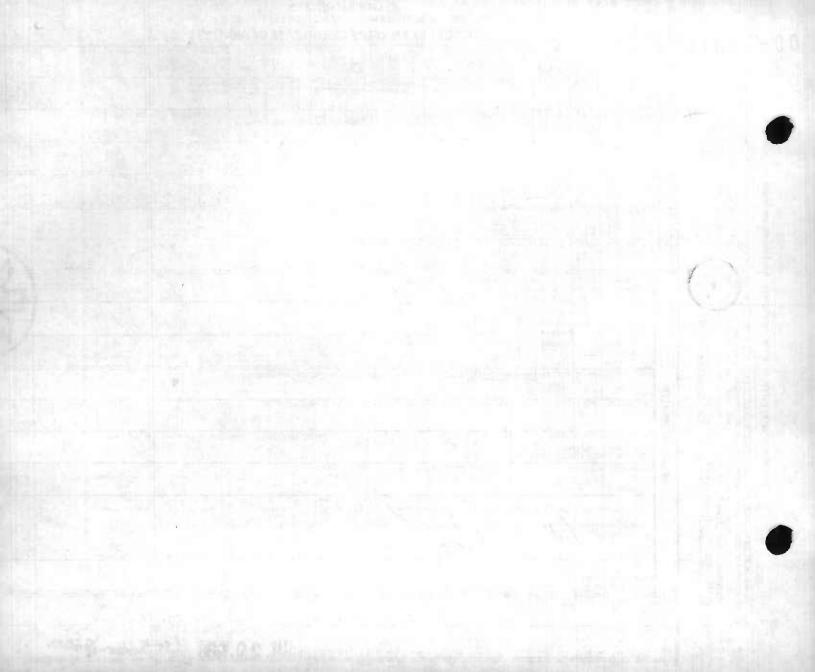


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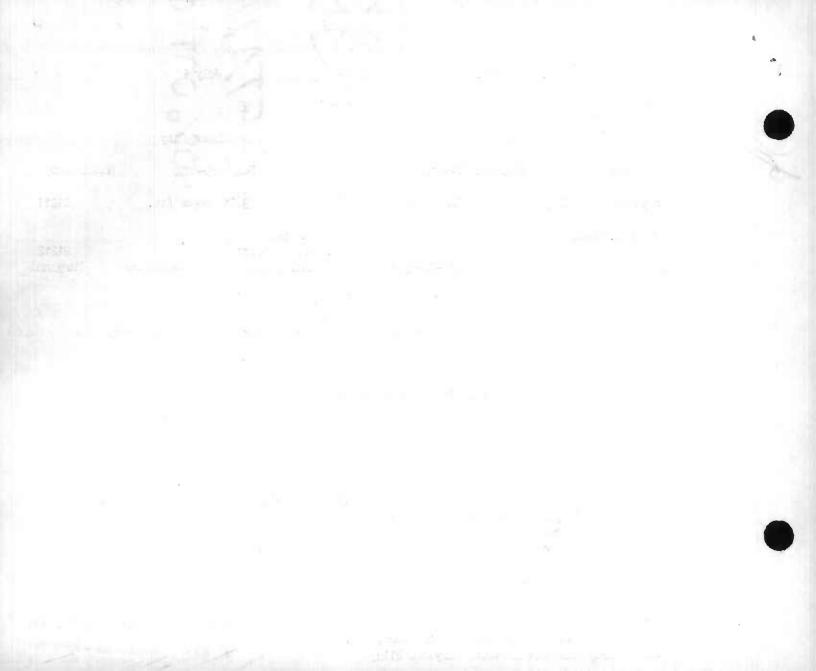




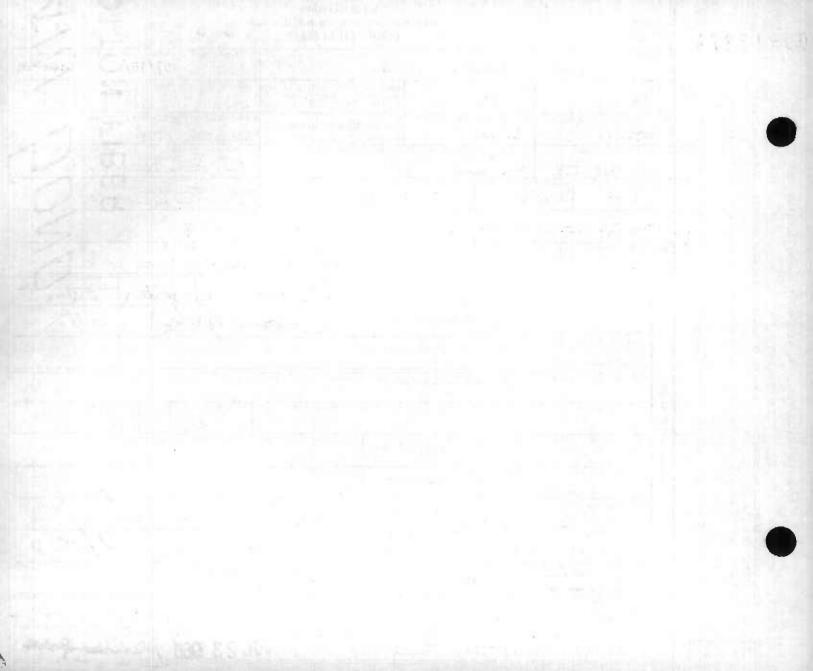
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME TO DATE KNOWN (TYPE OR PRINT) ESTI-R. E FUNERAL DIRECTOR E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESJON STREET, Jerry Curry DEATH MATED 24/19 86 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR 3 SEX 6 AGE (IN YEARS IF UNDER 24 HRS 2c. DATE :25 LAST BIRTHDAY) PRONOUNCED DEAD Oct. 16, 1938 AM Male White 24/19 86 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF MARRIED XXNEVER MARRIED FOREIGN COUNTRY) Baltimore City, U. S. A. West Virginia WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Baltimore Painter Self-Employed North Charles Gen. Hospital JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 136 COUNTY 13d INSIDE CITY LIMITS? Md Baltimore YESX 2705 Huntingdon Avenue 21211 RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Clyde Curry Ruby Jane Bryant IAL SOCIAL SECURITY NO 17 INFORMANT (YES, NO, OR UNKNOWN) 217 34 8960 Ruth Curry same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANS
OF HEALTH AND MENTAL H Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICALE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES V NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK X 220 I certify that I taak Andrae of the remains described above, held Autopsy Inspection Homicide L death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 7/24/86 SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 236. LOCATION STATE Burial 7/26/86 Parkwood Cemetery Baltimore, Maryland 07/84 25M 24 FUNERAL DIRECTOR DHMH - 17 Ollie Devident (VR A15 ME (5)) Burgee-Henss Funeral Home 3631 Falls Rd 21211



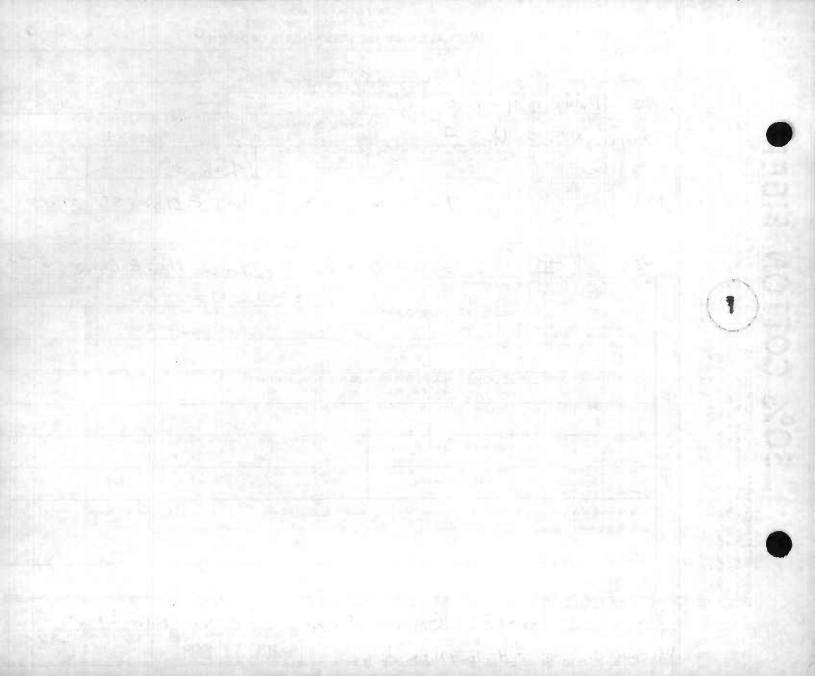
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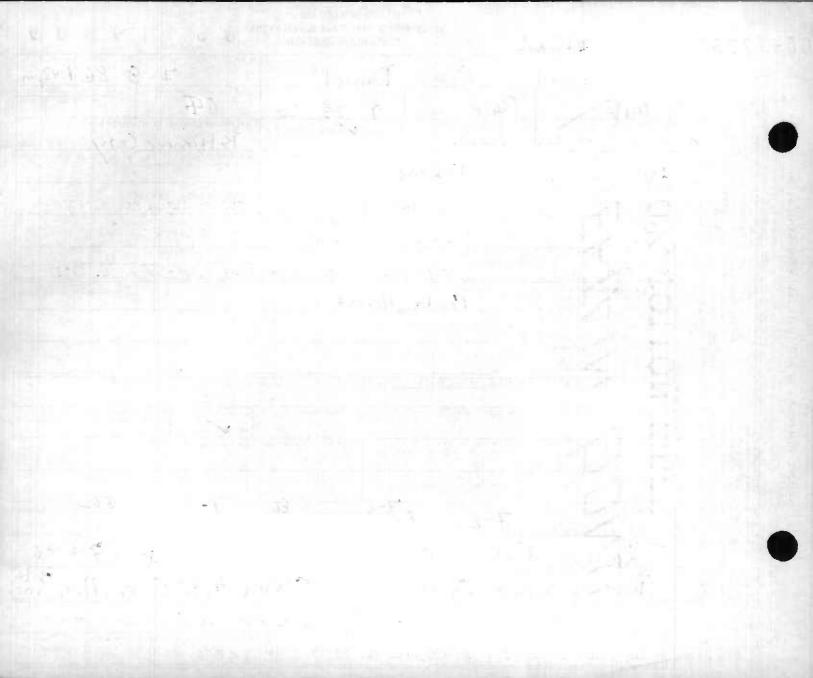
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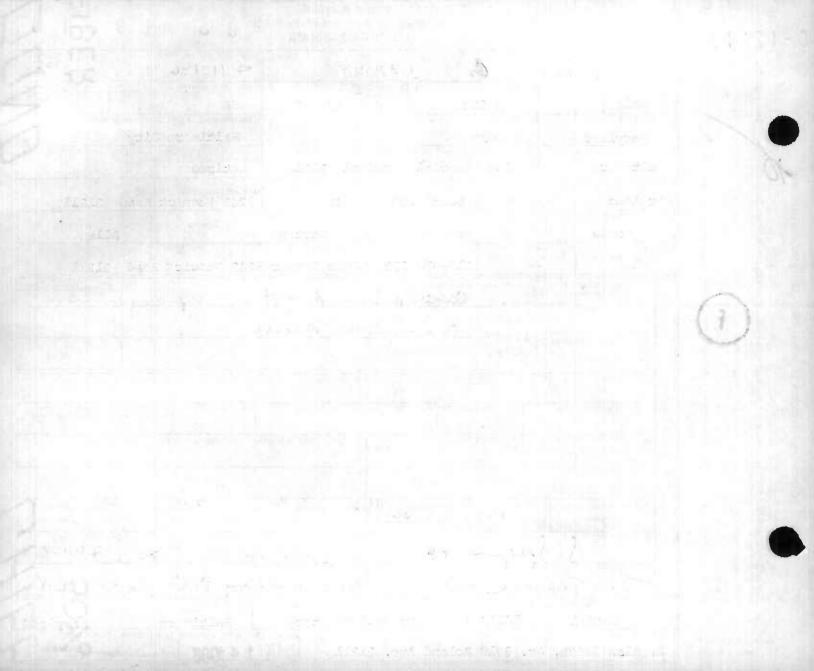
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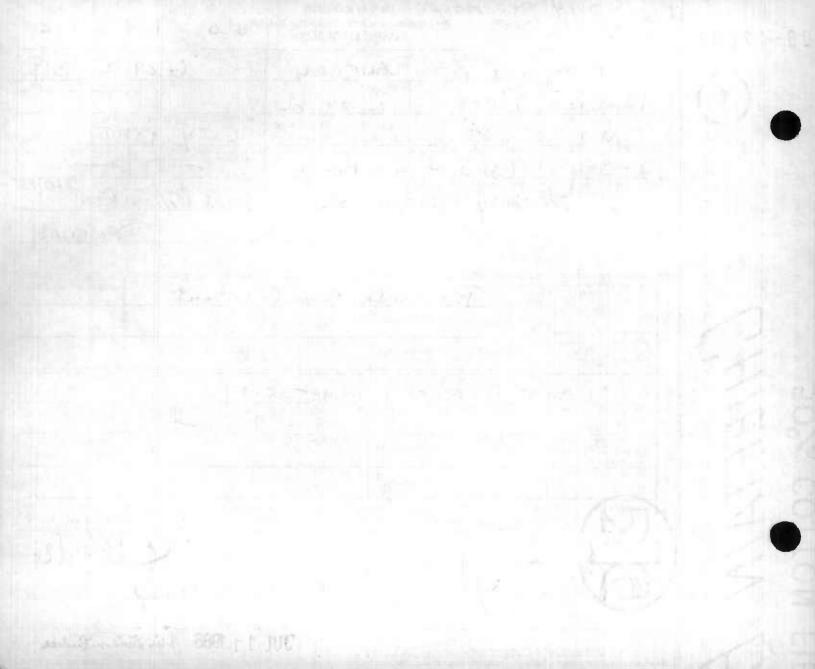
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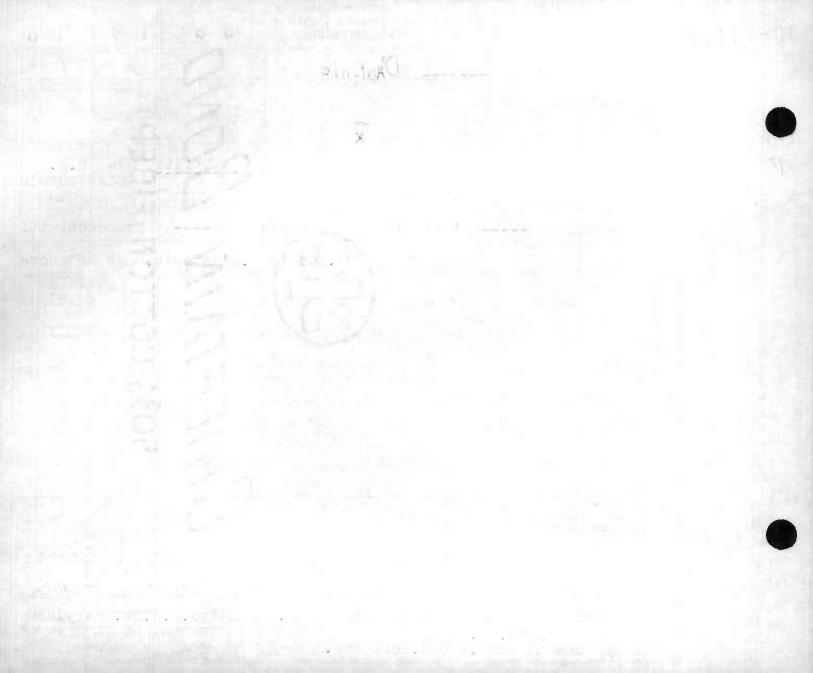
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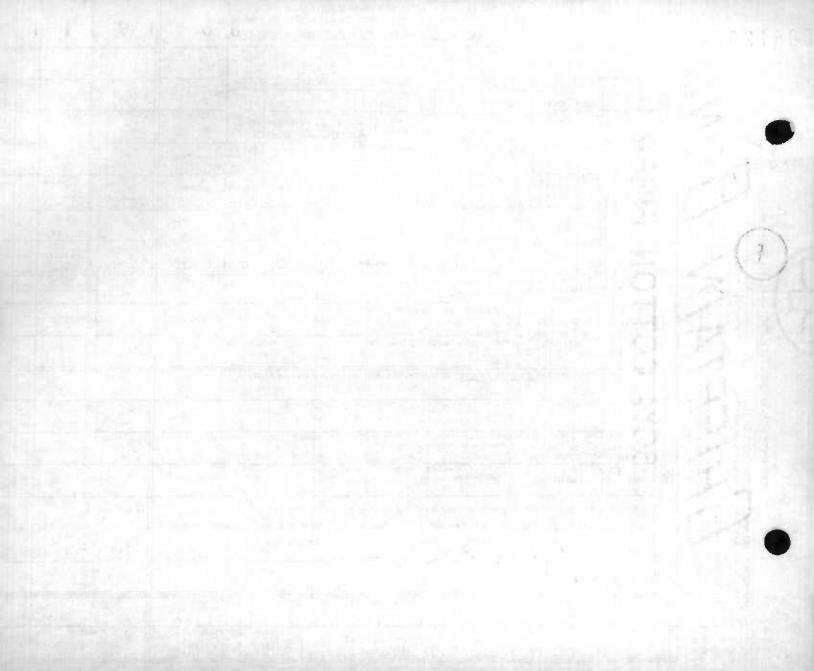
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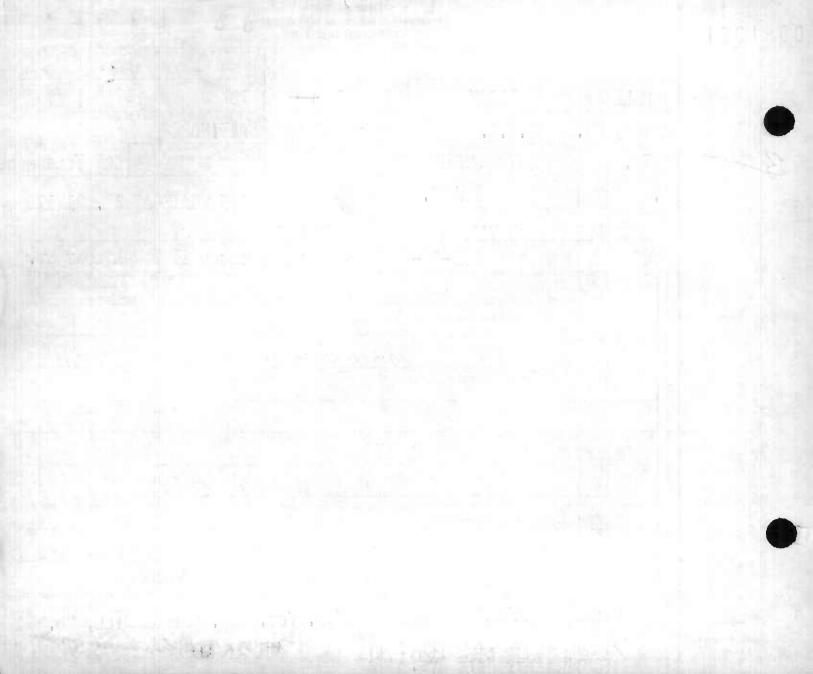
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AL OR ATTENDIN	defocied for use of health		270. I certify that (I) (this hosp saw the deceased alive an above, (I) (we) Idid Vidid not 27b. SIGNATURE		19 <u>86</u> , an	d that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN	death accurred an the do	ate and have and		
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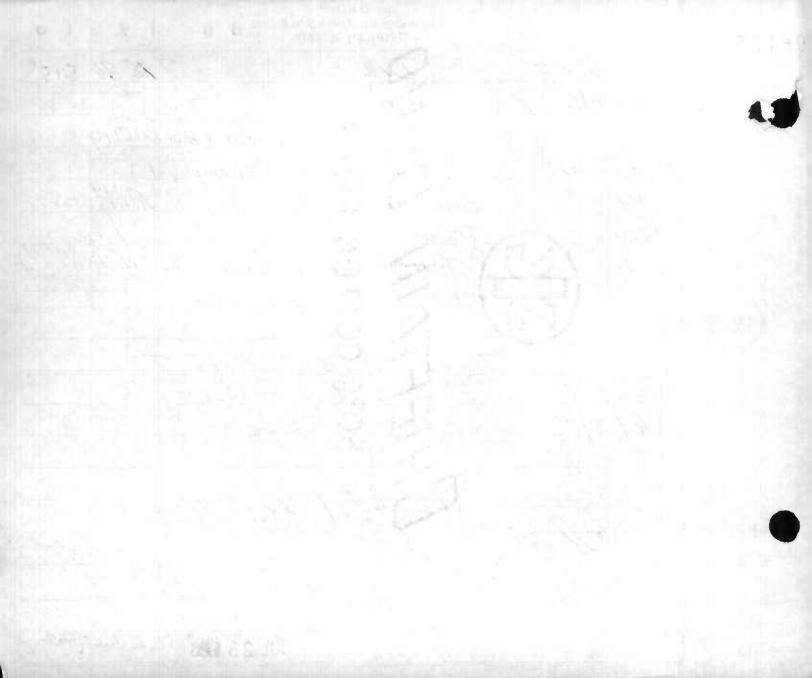


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	数は世紀田		MICHA		A.			RPIN	C	-	DEATH MAT	ED 7	12	1986	M
	当日 五日	3. SEX	4 RACE	5 DATE OF BIRTH	YE AR	6 AGE (IN YEARS			IF UNDER		C. DATE	MON	TH DA	YEAR	2d HOUR
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	MAN		rise to immediate o) stating the under-		S A CON	SEQUENCE OF				-					
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00															Vanile.
8		19a DATE O	OF OPERATION	196 CONDIT	ON FOR V	VHICH OPERAT	TION WA	S PERFOR	MED?				20	AUTOPSY	?
IIIA	\$85555	Ĭ Į												YES 🔀	NO 🗆
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DIVISION	CERTIFICA TING THE DED TO THE 3 SHOULD DEPARTM I PROR TO		OCCURRED	21e PLACE O	FINJURY	(AT HOME.	21f LOC	ATION			CITY OR TOWN		COUNTY		STATE
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	ALE MAIL OF THE MA	ACTUAL SIGNATUR	E	N/X	OK		M.	Assi	stant	MEDI	CAL EXAMINER	DA	TE ENED	7-12-	86
1000	NEW SI	FXAMINED	S NAME AND	Divon	a D									21201	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRETIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE OHE TO FUNKAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTWORE, MARYLAND, 21201 PRIOR TO BURIAND			I. Dixon, N				DDRESS_			St., Ba	100.,	יוניו	21201	
E ALLES	E00549	(SPECIFY)	ATION, REMOVAL		-	AME OF CEME			ORY	23d LOC	ATION	C	OUNTY	S	TATE
07/84 25M	BP	24 FUNERAL DIRI	Burial	7/15/86	M	t. Oliv		em.	25 DAYE D	Bal	timore	DECIENT	10.010/	Mary]	and
	DHMH - 17	NAME		ADDRESS	44.05		.229	- 1			REGISTRAR 251	REGISTRAR	S SIGN	ATURE	line"
A.B.	(VR A15 ME (5))	Hubbard	Funeral H	Home, Inc.	4107	Wilken	s Av	e.	JUI	14	1986		•	1	



0-13510	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENB 6 REG. NO.	9 3 5
noy be poge 3	(TYPE	OR PRINT) GILBER		DAVIDSON	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 2:35PM
ge 4 r	3 SE)	MALE	BLACK	5. DATE OF BIRTH 23° 1916	6. AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
deoth. P	EAS	STON, MD.	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE CITY OF COUNTY	MD.
3 hard and a second	BAL	TY OR TOWN OF DEATH	LUTHERAN HOSP	G HOME OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LI	TELEPHOI
in 24 hou y filled in hould be	MD	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN		YES NO [136 STREET ADDRESS / ZIP CODE 1105 WHATCOA	I ST. 21217
ampletely ompletely l and 2 s		GEORGE	DAVIDSON	15. MOTHER'S MAIDEN NA FSTELLE	MIDDLE	LAST
be exect			MED FORCES? 166 SOCIAL SECUL	5864 ISABELLA D	AVIDSON 1105 V	WHATCOAT ST.
Certificate			y one couse per line for (a), (b), and DBY: E CAUSE (a)	210 RESPIRED	dry prefet	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the atternes has please remove creation, commone, control, cremation, jury, or other froumant.	No	Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE	NCE OF SHOOT SHOUT SHOOT SHOUT SHOOT SHOOT SHOOT SHOOT SHOUT SHOOT SHOOT SHOOT SHOOT SHOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOT SHOUT SHOT SHOUT SH	1 wings -	EN IN PART I I O
The low re- icion. Ite has been sit permit. I rgiene prior shows any ir	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S NO
YSICIAN, ding physics certificate burial-trop mental Hybrid hybri	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	TH HOUR A.M. MONTH DA	Y YEAR 19 21f LOCATION	RED (ENTER MATURE OF INJURY IN ITEM 18 F	
Se eol	ME	WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospit	(AT HOME, STREET FACTORY, OFFICE, FA	RM. ETC) SIREET , 19	CITY OR TOWN	COUNTY STATE
At OR ATTEN the hospitol At DIRECTOR letoched for use the Dept of H		spw the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	view the body ofter death. 19—	DEGREE	death occurred on the date and hou	22c. DATE SIGNED
TO HOSPITAL TO FUNERAL Should be der with the Store IMPORTANT:		22d. PHYSICIAN'S NAME (TYPEOR LETZUN		22e ADDRESS WITH	4ROW 108P1	TAZ
BP	(:	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	17/00/00 10	AME OF CEMETERY OR CREMATORY RRISON FOR, VET	CEM. OWINGS	MILL MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	NERAL DIRECTOR	Dulet @ Lon	F. 4. 25a DAT	E REC'D. BY REGISTRAR 256. REGIST	PACKAS OR



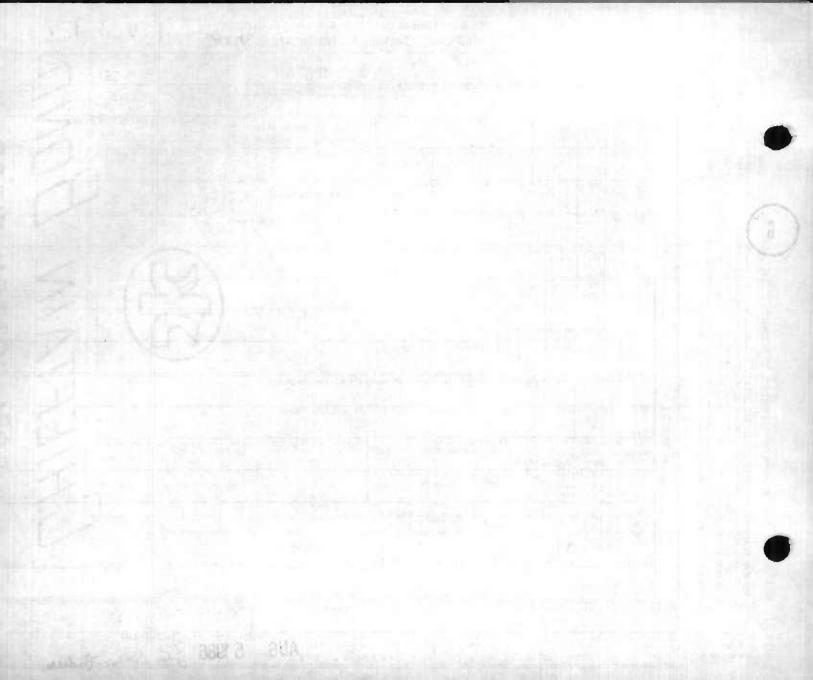


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TO 2h HOUR (TYPE OR PRINT) TO THE FUNERAL DIRECTOR.

PAGE 5 FOR YOUR FILES.
BE-RILED, WITHIN 72 HOURS
OS, 201 W-PRESTON STREET. EMIL DAVIS DEATH MATED 7-25-8619 3 SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c DATE MONTH YEAR PRONOUNCED 7-26-86, DEAD 6 64 Male 7n BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City WIDOWED TO DIVORCED Virginia IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS RETAIN PAGE HOULD BE-FILED FOR MOST OF WORKING LIFE! OR INDUSTRY 306 W. Franklin Street #312 Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d INSIDE CITY HAUTS? 13e STREET ADDRESS 306 W. Franklin St. 21201 Balto. Md 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME WITH FORM PM.

IT. PAGES 1 AND 2

DIVISION OF WITA MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 230-01-8306 Yes WWIJ CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease MENTAL HYGIEN DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUI NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ED AS A I CERTIFICATION USED / 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? NT OF HE BURIAL 20 AUTOPSY? YES [NO X TO MEDICAL EXAMINER: THIS CERTIFICATE SE EXECUTE THE CERTIFICATE, WRITING THE WON PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT. BALTIMORE, MARYLAND, 21201 PRIGNETO BU 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection death resulted from Notural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 7-27-86 Assistant DATE SIGNATURE SIGNED EXAMINER'S NAME Korell, M.D. ADDRESS Margarita A. 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 8-1-86 Removal 07/R4 BP. AUG 5 1986 24 FUNERAL DIRECTOR DHMH - 17 Julia Divideoni (VR A15 ME (5)) Anatomy Board Balto., Md.



FOR STATE REGISTRAR

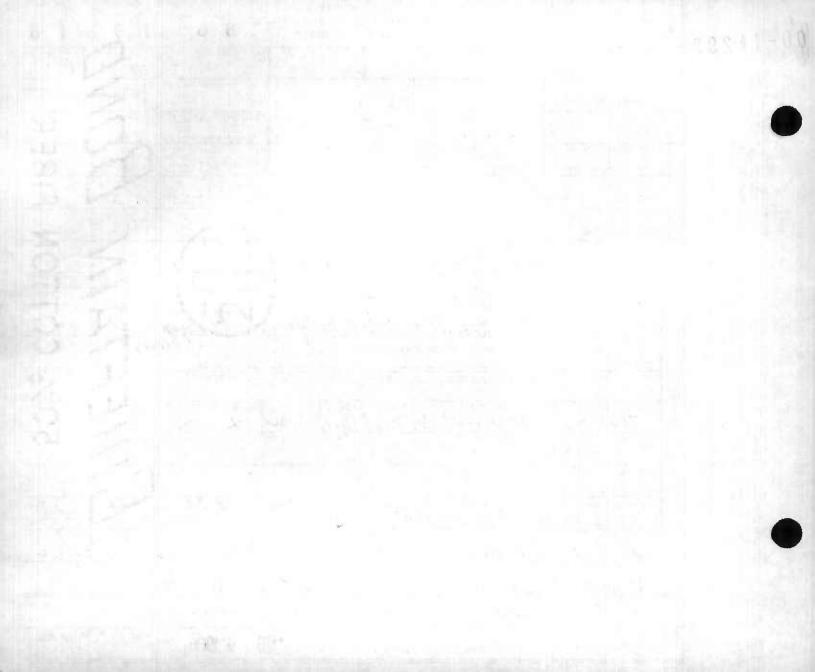
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR				REG. N	0				
1	I DECEASED NAME FIRST	MIDDLE	ŁA.	16	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	M
1	EVELY	'N M	D	AVTS	Harman Control	7 3	30 8	86	150 b W	٨
1	2.5EX	4 RACE	5. DATE O	BIRTH	& AGE IN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER 24 HRS	
	Female	White	July	8, 1921 YEAR	65	YRS	MONTHS	DATS !	HOURS MIN.	
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	Y OF DE	ATH		Ī
2	Maryland	U. S. A.	WIDOWED		BALTIMORE				MD	5
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		OTHER INSTITUTION	120 USUAL OCCUPATI	ON OF WORKING LIE	FEI INDL	USTRY	F BUSINESS OR	
	BALTIMORE CITY	UNION MEMORIA		PITAL	Beauticiar	1	be I	Li-e	mployed	
9	AL RESIDENCE (IF NURSING HOME OR 136 COUN Maryland Wico	omico Delmar		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	306 Marylar		E 21	1875		
2	4 FATHER'S NAME			15. MOTHER'S MAIDEN NA						
	Clarence Morris	MIDDLE LAST		Alice Graver				LAST	- Jugar	
E	160 WAS DECEASED EVER IN U.S. AR	E WAR OR DATES!		17 INFORMANT	ADDRE	SS				
9	(YES, NOOR UNKNOWN) (IF YES, GIV.	217-14-8	024	George W. Dav	vis (same a	is abo	ve)			
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		DUE TO, OR AS A CONSEOU	ANCE OF	Whatis Sousin	enic Cellenan	A 41/1	12	11/2	yr	
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	underlying cause last	DUE TO, OR AS A CONSEOU	IENCE OF		/	CUVI	1			
		CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIV	VEN IN P	ART lia	- 17-1-18-3	
	S S									
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	1/2486	Kecurrent LE	PVVICU	Lavelnoma	YES NO	1	ES 🗌		NO Z	
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1	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COL	INTY	STATE	
١	NOT WHILE AT WORK									
1		tal) attended the deceased from	7/20				19.8	6 1	that (1) we) last	,
	saw the deceased alive an abave, (1) (we) (aid) (did no	19 2	86 and	that in (my) (aur) apinian	death accurred an the de	ate and hav	ond fire	am the c	causes stated	
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	224. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	11/	7/		1	1	
	Thomas ()	Drien		Union Man	ovial Hosp	1/4/	51		THE D	
	230 BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION		15 450 1510		STATE	-
1	Burial	8-2-1986 Ma	ryland	Veterans'	Hurlock N	Maryla	ind		STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Marvel-Short Funeral Home Delmar, De. 19940

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG. 4 1988 June Davidon Hondon



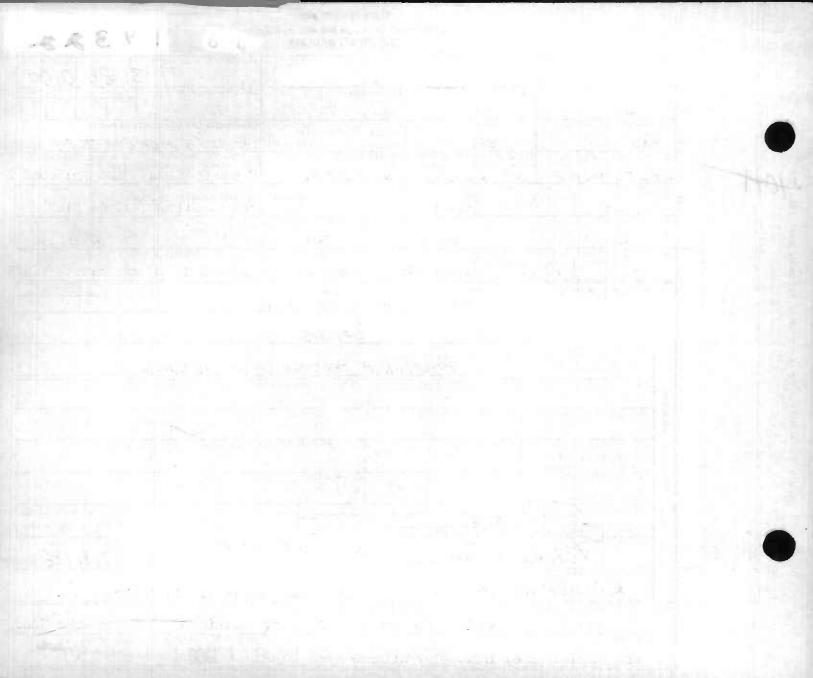
STATE OF MARYLAND

0-11634	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	6 1	9 3	20
0 1100.	1 DE	CEASED NAME FIRST	MIDDLE	- JASI	2a DATE O	REG, NO.	DAY YEAR	In volin
eouth eouth		Patr	Α	Davis	(Jul		186	4.50 PM
7	3. SE	×	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN	(EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
8	1	/	~~	4 (3 40		T 6 YRS		
		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	4	Baltin		— MD
o)	10 0	Baltimal	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION		OCCUPATION A FOR MOULOF WORKING HOLE		tail Co
AND 212		AL RESIDENCE (IF NURSING HO) STATE Del 13b	STATE MINITUTION GIVE RESIDENCE	13d INSIDE CITY LIMITS		ADDRESS / ZIP CO	1	2299
MARYL,	No.	ather's NAME eth Cocton (Joseph Coe	ron) Is Mother's Maiden Mildred		1 10	itzger	
De execu		WAS DECEASED EVER IN U.S. AF	WE WAR OR DATES) 166 SOCIAL 219	security No. 17 Informant 36 6843 Howard	S. Davi	ADD 1800 Seaf	Laurel	. Hwy claware
ST., BAI.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for 101, (I ED BY: TE CAUSE 10)	nd pulmone	my a	red	BETWEEN	DNSET AND DEATH
death ce		Conditions, if ony, which	DUE TO, OR AS A CONS	EQUENCE Le	ukam	ia, pr	obable	
that the day the ease remain of, cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF		,		15
RDS, 20	NO	PART 2 OTHER SIGNIFICANT	conditions contributing	of to DEATH BUT NOT RELATED TO THE T	Dive	E OR CONDITION	GIVEN IN PART 1	0
OF VITAL RECORDS CIAN: The low required physician. Inhysician signification been significant permit. There and Hygiene prior to tend Hygiene prior to tend Ag shows on injuries.	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTO	OPSY 20b. IF	YES, WERE FINDI RTIFYING CAUSES YES []	NGS USED S OF DEATH?
OF VITE B physici entificate id-transi ntol Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NO	ATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
VISION Outending	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY	211 LOCATION	,	CITY OR TOWN	COUNTY	STATE
TENDIN rtal or or or use os or use os of thealth	1	22a I certify that the hosp	ital) attended the deceased f	rom 6 7 , 19 19 19 Sf., and that is (my) (our) opin	86, to	ed on the date and h	19 86	tho (I) (ve) lost
the hosp IL DIRECTORECTORE TO THE DEPT OF THE O		276 SIGNATURE	An Ing ()	DEGREE /	IG MEDICAL	_ STAFF	220 DATE	
O FUNERA Confidence by Confidence After State	9	228 PHYSICIAN'S NAME (TYPE	Jong Pa	22e ADDRESS	ene St	0 01	inou,	mp,
999999	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	July 5,198	NAME OF CEMETERY OR CHEMATO	em eaf	ord Susa	Betounty D	elaware
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	Paynter M.	Watson Seaf	ord, Delaware	DATE REC'D. BY F	REGISTRAR 25b REG		LURE LANGE

STATE OF MARYLAND

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4	oge 3				ENRY		J	ossi P	EASEL		7 5	80	11 215 W
	E od .	Tara.	3. SE	(4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	ector ars of			MALE		WHIT		DEC		69	YRS		HOURS MIN.
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	i i	111	10 CI	TY OR TOWN OF DEAT	Н 1		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON OF WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
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213	Poor	21	USU, 13a. S	AL RESIDENCE (IF NURSIN	IG HOME OR O		GIVE RESIDENCE BEE		134. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
AND	n Z4	a		Md.	-		Balti		YES NO	3109 Br	endan	Ave.	21213
RYL	1	クネス	14 FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		1.45	
W	o po	SHO.		Joseph			Deasel		Anni				nand
ORE,	recut od ce	medicol	16n V	AS DECEASED EVER IN			166 SOCIAL SE		17 INFORMANT	ADDRE			
IWO	n or		7	res no or unknown)	" WW	WTT DATES)	218-03-	-6191	Helen Dea	sel (wife)) same	e addı	cess
BALT	ofe t	ol.		18 CAUSE OF DEATH	Enter anly	ane cause per	une far (a), (b),	and (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
E	phy phy	erao		PART I. DEATH WA	MMEDIATE		CARDIO	Pounce	DULLA DULLE	ST	4-10	21	3012
NO	h ce Iding	or r				DUE TO O	R AS A CONSEC	DUENCE OF					
ESTO	deat	fion, oum	10	Conditions, if ony,		((b)_					100		
Ø.	the the	er tr		gove rise to imme cause (a), stating		DUE TO, O	R AS A CONSEC	DUENCE OF				17.3	
¥ .	thot d by	r oth		underlying couse	last.	(c)_							
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 212D	gned	ry, o	_	N . A .					NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 110	1-1-
ORD	en s	or to	TION	DIDAGTES		MINS		-	ALURE				
EC	low s be	a & -	CERTIFICATION	190 DATE OF OPERATI	ON	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH?
AL	Cion.	show	RTIF		-					YES NO	YES		NO 🗌
> 3	AN. physi fical	ol Hyg		21g. ACCIDENT WAS UNDE		HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T OR PART 2)	
0 Z	ng p	Item	MEDICAL	(IF EITHER NOTIFY MEDICA	LEXAMINER)	P.	.M.	19					
SIO	this this	d or	MED	216 INJURY OCCURRE		(AT HOME ST	OF INJURY REET, FACTORY, OFFIC	E FARM ETC }	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
NIG S	No r off	ith o		AT WORK AT WORK				21	_ ~	٦١٠-		80	
2	olo OR: V	Heo is m		220 1 certify that (1) (The same of		" X	19 0,0	, to			that (I) (we) lost
	Spit Spit d for	t of m 21	- 1	saw the deceased abave, (I) (we) (di	d) (did not)	view the bady	after death.		nd that in (my) (our) opinian	death occurred on the di	ate and haur o		
	S A D S	Dep If he		22b. SIGNATURE	104	- Wes	GIN.		DEGREE ATTENDING	MEDICAL STAI	FF N	22c. DATE	SIGNED
	by the	ORTANT: II		22d. PHYSICIAN'S NA			n wy		PHYSICIAN [DIRECTOR PHYSIC		7/6	3/80
C	ned by 1	oRTA		HITCHEL			SS UD						
	eton TO F	with the State							201 E. Uni		irkway	7	
-				SURIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREMATORY	236 LOCATION Baltin	m 0 m 0	COUNTY	Mä.
	BP	-	04.5	Burial		7/9/8		_	Redeemer				
DI	HMH - 16		24. FL	NERAL DIRESCHI			ADDRES	5		E REC'D. BY REGISTRAR	ZSb REGISTRA	AR'S SIGNATI	URE .
	(VRA 1	, 4)		3331	Bre	hms La	ine, Ba	ilto.	21213	8 1986	- De	Kingson - S.	

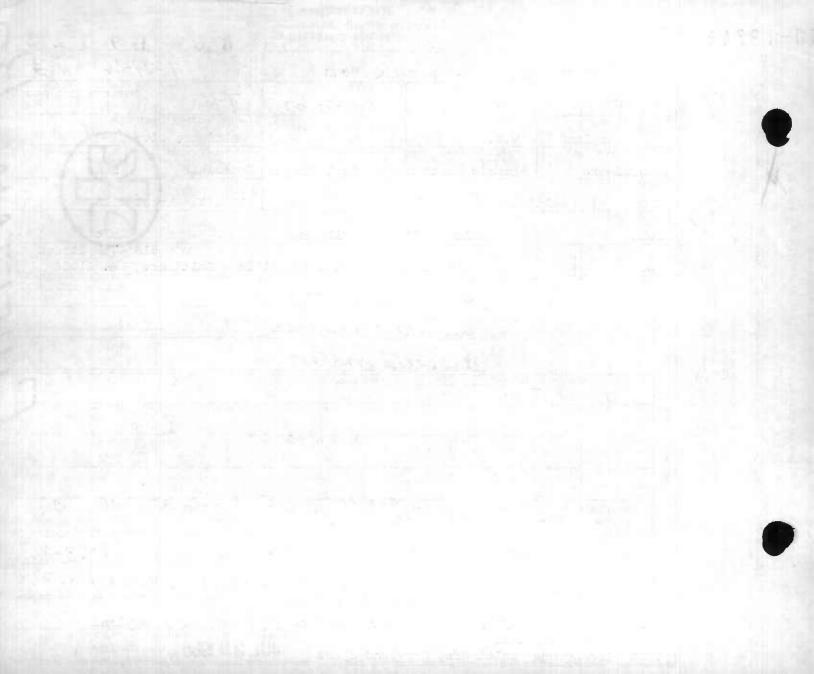
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	page 3		11776	4	well		E.	DEE	MER, Sr.	7		7	318	26 6	2100 m
	mo)	-17	3 SE	X	4	RACE		5. DATE (OF BIRTH		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER	RTYEAR IF	UNDER 24 HRS
	ge 4 ector		3.0	Male		Wh:	ite	Mar		08	78	YRS	MONTHS	DAYS	OURS MIN.
-	Po l dir	7-		RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	WHAT COUNT	RY? 8.	D K NEVER MA	PDEO []	9 BALTIMORE	CITY OR COUN	Y OF DE	ATH	
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	2 (2) 3	210	10 C	TY OR TOWN OF DEAT	н 11		HOSPITAL, NU		OR OTHER INSTITU	UTION	120 USUAL OC		12b	KIND OF B	USINESS OR
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AND	n 24 fill houle		_	aryland			Baltim			10 🗆	305 S.	Gilmor S	Stree	t, 21	1223
RYL	withing a 2 s		14. FA	THER'S NAME	MIC	DIE	LAST		15. MOTHER'S M			IDDLE	CHI.	LAST	
WA	and and			Harvey			Deem	er	Lul	a				Dever	
ORE	ond ond o			VAS DECEASED EVER IN	(IF YES, GIVE W	AR OR DATEST	166 SOCIALS		17 INFORMANT			ADDRESS			
TIM	S. Poge	1		Yes	WW I	I	270-10	-8540	Norma E	. Deen	er, 305	S. Gil			
BAI	cote voper	1		18 CAUSE OF DEATH PART I. DEATH WA	Enter only	one couse per	line for (a), (b)	and ich	T	- /	4-1-		Br	APPROXIMATETWEEN ONS	TE INTERVAL
ST.,	ertifica ng phy pon po remov			IMMEDIATE CAUSE (a) RESpiratory Failure											
NO	endir cord n. or					DUE TO, O	R AS A CONSE	QUENCE OF	Cansia						
RES	e de otto			Canditians, if ony, gove rise to imme	which diote	(b)_			JEP313)					
01 W.F	d by the leose re iol, crem				lost.	((c)_		MONII	9 , PROBA						
35, 2	signe sen p		z	PART 2 OTHER SIGNI	FICANT CO	nditions <u>co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	VAL DISEASE O	r CONDITION G	IVEN IN P	ART Ito	
ORC	een :		ATION	19g DATE OF OPERATE	ON	TIGA CONIDI	TION FOR WH	UCH OPERATIO	N WAS PERFORM	450	20a AUTOPS	va Ingiliev	EC MEDE	50.000.00	
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ITAL	sicra sicra ore b nasit ygie	-	ERT	21a. ACCIDENT WAS UNDE	RLYING []	21b. TIME O	F INJURY		121¢ HOW IN IUI	RY OCCUPPE		OF INJURY IN ITEM 18	YES _		ио 🗆
V TO	physicol reficol reficol result ron result ron result resu	9		OR CONTRIBUTING [CA		1 1 1 1 1 1 1	M. MONTH			A. OCCOMA	LEMIER MATOR	OF INDOMINATION OF	PARTION	PART 2]	
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DIVISION OF VITAL RECORDS	G Prenter the sthe		ME	WHILE NOT WHILE			EET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		C	ITY OR TOWN	COL	INTA	STATE
۵	Africa Af			22a.1 certify that (C)	his haspital	Jattended th	e deceased fro	om		19	to		. 19	tha	it (I) (we) last
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	hed her term			226. SIGNATURE	- 11				DEGREE	Ross	leut		220	DATESIC	SNED
	AL OI AL DI detock ote De			Xc			lkaou	ik M.) ATTI	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	17	1/3/1	186
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	T & - 2 3 8		23a B	URIAL, CREMATION, RI	MOVAL				EMETERY OR CRE		23d LOCATIO		COUNT	٧	STATE
	BP			Buria	1	8/4/8	36	Loudon	Park Cem		Baltin	ore		Ma	ary Tand
D	HMH - 16 60M 7	84		INERAL DIRECTOR	3-15		ADDRE	55	21220			STRAR 25b. REGIS	STRAR'S S	IGNATURE	dath.
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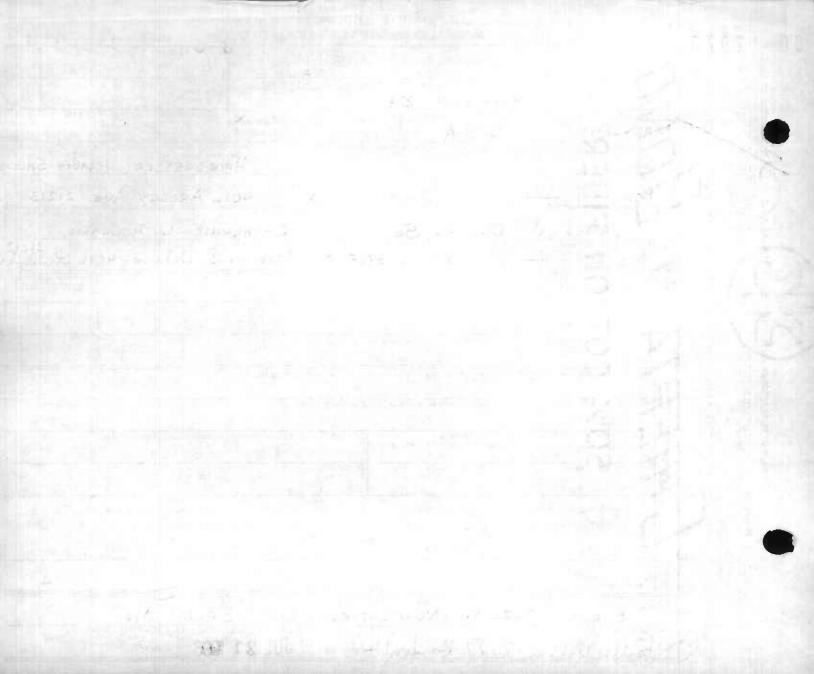
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			erin		E.	Deic		man			/	-d/	-06	PM
	3 SE)	×		4 RACE		5.	MONTH.	BIRTH SYE		6 AGE (IN YEARS	LAST BIRTHD	-	FUNDER I YEAR	HOURS MIN.
-	-		7.0	2			5	-27-0		YRS				
72		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COU	NTRY? 8	AARRIED	NEVER MARRI	ED 🗇	9 BALTIMORE CITY OR COUNTY OF DEATH				
2		Maryla		U.S.		w	IDOWED	DIVORCE	D 🔲	Baltimore City , M				
7/	10. CI	TY OR TOWN OF DEA	TH		HEACILITY, GIVE			R OTHER INSTITUTION	NC	120 USUAL OCC				OF BUSINESS OR
/	-	Baltimore	1					dical Cen	ter	Homemak	er		Home	
25	3a S	AL RESIDENCE (IF NURS	134 COUN		13t. CITY O			13d INSIDE CITY LIA	AITS?	13e STREET ADD	RESS / Z	IP CODE		
1		MD	Balt	imore	Dund	lalk		YES NO		618 47t	h St	reet	21224	5-7-8-1-3
n	H FA	THER'S NAME		MIDDLE	LA	51		15. MOTHER'S MAIL	DEN NAM		DDLE		LA	NST
20	J	ohn			Kirckh	noff		Wilamen	a				Ault	
1		VAS DECEASED EVER		MED FORCES?	16b SOCIA	L SECURITY	(NO.	17 INFORMANT						Street
No 216-52-1570 Catherine 1								e Ell	lick Ba	ltim	ore,			
		18 CAUSE OF DEATH	H (Enter an	ly one couse per	line far (a),	(b), and ic							BETWEEN	XIMATE INTERVAL
		PARTI. DEATH W		E CAUSE (a)	suo	ede	200	death)					
DUE TO, OR AS A CONSEQUENCE OF														
		Canditions, if any,		((b)	basc	ula	NC	Lio OCK	20					
		gave rise to imm cause (a), statin	g the	DUE TO, OI	RAJACON	SEQUENC	E OF	00:						
		underlying cause	last.	(c)(dia	bete	1	melli	w	0				
	7	PART 2 OTHER SIGN		-	ONTRIBUTIN	G TO DEA	TH BUT N	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OF	CONDIT	ION GIVE	N IN PART 1	10
_	CERTIFICATION	~~~	rest					100	- 19					
9	ICA	190 DATE OF OPERAT	ION	196 CONDI	TION FOR V	VHICH OPE	ERATION	WAS PERFORMED		200 AUTOPS			WERE FINDS	INGS USED S OF DEATH?
4	RTIF											YES	land .	NO 🗌
6		21a, ACCIDENT WAS UND		1 11b. TIME O	M. MONT	H DAY	YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE	OF INJURY I	N ITEM 18 PA	RT OR PART 2]	
7	MEDICAL	(IF EITHER NOTIFY MEDIC	CAL EXAMINER) P.			19							
	MED	21d. INJURY OCCURE		21e PLACE (OF INJURY BEET, FACTORY, G	OFFICE, FARM,	ETC)	211 LOCATION STREET		CI	TY OR TOWN		COUNTY	STATE
		AT WORK AT WOR	RK				Wh z	rth 10	85	- 0.	, ,		1/	*
		220. I certify that (tall) offended the		19.86		that in (my) (our)	nousian di	noth occurred a	yo	and have	9 <u>00</u>	, that (we) last
		abave (I) (we) (c	did) (did na			_17		EGREF	оринан а	earn accorreg at	i me date	ana naoi		E SIGNED
		228. SIGNATURE	100	Da N	20	1.11	10		DIND	MEDICAL DIRECTOR	STAFF		7-1	10 0/
-		22d. PHYSICIAN'S NA	AME ITYPE O	D DDINTI	na	N K	7	PHYSIC 22e ADDRESS	CIAN (DIRECTOR	PHYSICIA	N	10	10-04
			De	nna	10			5200	En	stern /	Ive .	Bal-	1 Md	21224
+	22 5	Jusan	DE WELL		r (122. 514	5.05.05	0				1001	, , , ,	
	(BURIAL, CREMATION,	KEMOVAL	236 DATE		1000		METERY OR CREMA	ATORY	23d LOCATIC	NWC		COUNTY	STATE
		urial	D 1	7/31/	86	Oak 1	Lawn	Cemetery	250 DATE	Baltin				TIIDE
/84		NERAL DIRECTOR -				DRESS		Name of the		1 29 10		F 20 20"		Apple 10
	7	922 Wise A	venue	Balti	more.	Mary.	Land	21222	00	L U V	N			

7922 Wise Avenue Baltimore, Maryland 21222

DHMH - 16 60M 7. (VRA 15, 4)



		FOR [JNK.#86-4	.5 г	EPART			ARYLAND AND MENTAL	HYGIENI	F				
00 10070	1-	STATE REGISTRAR			DICALI	EXAMIN		ERTIFICATE			REG. NO			.3
00-12970	TIDE	CEASED NAME	FIRST		MIDDLE			LAST		a DAR I	NOWN X	· · ·	DAY YEAR	26 HOUR
35 of 10 H	(TYP	E OR PRINT)	STEPHEN	J	R			DET & DO		OF DEATH	ESTI-	7-1	8 1986	
REGREE	3 SE)		4 RACE	5 DATE OF BIRTH		6 AGE (IN YEA				2c. DATE		MONTH	DAY YEAR	24 HOUR
DIRECTOR STATE		M	W	9-14-1		34 YR		DAYS HOURS		PRONOUN		7-1		10:18 a.m
A SESTINATION OF THE SESTION OF THE	1 PQ	RTHPLACE (ST.		76 CITIZEN OF WH	AT COUN	TRY?	8 MARRI	ED NEVER MAR	RIED 🖄	9 BALTIM	ORE CITY O	RCOUNTY	OF DEATH	
1 22 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-	ARYLA		U. S	.A.		WIDOW				timore			MD
1/1995	JI CI	TY OR TOWN (OF DEATH	II. NAME OF HOSI			OR OTH	ER INSTITUTION		AL OCCUP	ATION (TYPE		OR INDUST	TRY
1 30 B	2	Baltimo		Edison H	gwy.	& Sinc	lair	Lane-RR	HA	IRBR	ESSE	2	BEAUTY	SALCH
ANN THE PROPERTY OF THE PARTY O	IIIo S	AL RESIDENCE (13b COUN	R OTHER INSTITUTION, GIV TY	T3c. CITY	OR TOWN	N)	134 INSIDE CITY TIMITS!	S I3e STRE	ET ADDRES	STLEY	Av	E. 212	.13
1 1 1 1 1 1 1	LC. FA	THER'S NAME	1			31/4101		15. MOTHER'S MAIL		0 1 (1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
# 48 Z Z Z	1	FIRST	MES J	MIDDLE DELE	ARO	LAST		FIRST	THER	MI	DDLE	HOLL	AND	
S STATE OF T		VAS DECEASED	EVER IN U.S. ARA	AED FORCES?	-	TAL SECURITY	NO.	17. INFORMANT	HINKK	200	ADDRESS	1000	11100,	21713
MALTIN S. AFTE SINE S NISION	(4	ES, NO, OR UNKNOW	(IF YES, GIVE	WAR OR DATES)	219	60-5	808	Mrs. Cath	erine	2. D	elar	- 40	016 Br	ellegli
F 8 8 8 9	4	18. CAUSE OF	ATLIANAC C ALICED	y one cause per line									APPROXIMAT BETWEEN ONSE	
AL HERA	466		IMMEDIAT	E CAUSE (a)	ecap:	itation	11							
MON AND AND AND AND AND AND AND AND AND AN	18	Condition	s, if any, which	DUE TO, OR	AS A CON	ISEQUENCE C	F							
A TANAGE A	-	gave rise	e to immediate	(b)										
W CAMPO		lying caus	stating the <u>under</u> se last.	DUE TO, OR	AS A CON	ISEOUENCE C	F							
S SECTION S	1	PART 2 OTHER CIC	NEICANT CONDITIONS	(c)	III AID Y BEL A	TER VIR VIII VERM	un Arres	OR CONDITION GIVEN IN F						
SA BEEN	N	TAKE 2 OTHER 310	MILICANT CONDITIONS	LUNIKIBUTING TU ULATIT I	OL MOLKETY	TED TO THE TERMI	MAL UISEASE	OK CONDITION GIVEN IN I	PART 1 (d).					
9984497	IFICATION	190. DATE OF	OPERATION	196. CONDIT	ION FOR	WHICH OPER	W NOITA	AS PERFORMED?					20 AUTOPSY	?
VIA CHE	IFF	3 32		20/200									YES XX	NO []
OF V THE OF WORLD BE WOOD THE OF WOOD THE	CERT	210 EXTERNA	L CAUSE WAS	216. TIME OF	INJURY	DAY YEAR	21c. HC	W INJURY OCCURR	RED (ENTERN	ATURE OF INJU	IRY IN ITEM 18 P.	ART OR PART		1.0 🚨
S PERSONAL S	CAL	UNDERLYING CONTRIBUTIN	G CAUSE OF D		7-		sub	ject run	over k	by tra	ain			
AND SECTION AND SE	MEDICAL	THE INJURY O	CCURRED	21e PLACE C	F INJURY	(AT HOME.	21f. LO	CATION						42.00
MARKA WARE (ATE 120)	3	WHILE AT WORK	AT WORK	XX railro				son Hgwy.	& Sir	city or town		,Balt	imore,	Md.
A FE S A		22a. I certif	y that I taak charge	e af the remains desc	ribed aba	ve, held an	Autaps	y XX, Inspecti	on .	Inquiry	. and	d in my apır	nian	
MIN	100	death resulte	d from Natur	al causes	ceident	Suit	ide X	, Hamicide .	Undete	rmined mo	nner,			
MAN WAR		ACTUAL /	1001	"hoth	men	10 11	9/10	TITLE (SPECIFY)						0.5
DICAL FIETHER A SHOWERS		SIGNATURE_	un	W X	M	11/11	VUW.	D Assistan	tMEDIO	CAL EXAM	NER	DATE	7-18-	86
* CHEEK	1	EXAMINER'S N	NAME Denr	nis F. SMy	th, I	M.D.		ADDRESS 111	Penn S	St., 1	Balto.	, Md.	2120	1
525552	73a B	IRIAL, CHEMAT	ION, REMOVAL 2			AME OF CEN		R CREMATORY	23d LO	CATION		COLLIE	v .	TATE
07/B4 BP		Bu	THE R. P. LEWIS CO., LANSING, MICH.	7-22-86	N	EW C	THE	DRAL CEM		ALTO		D.		IAIC
25M DHMH - 17	316	NERAL DIRECT	P	ADDRESS	34	1 . (7.	250. DATE	REC'D. BY	REGISTRAF	25b REGIS	TRAR'S SK	CHARLE	E .
(VR A15 ME (5)	1	tertile	Bulle	- 7527	Har	ford	H9.	JUL	21	1836	Juna D	auldon'	-Nandell	



Cathy Marks 1245 E. Belvedere Ave. 21239 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO I 21c. HOW INJURY OCCURRED [ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN (SPECIFY) STATE COUNTY Green Wood Cemetery Philadelphia Penna. Burial Jul 17 1986 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 74 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

17h KIND OF BUSINESS OR

Ranko

21230

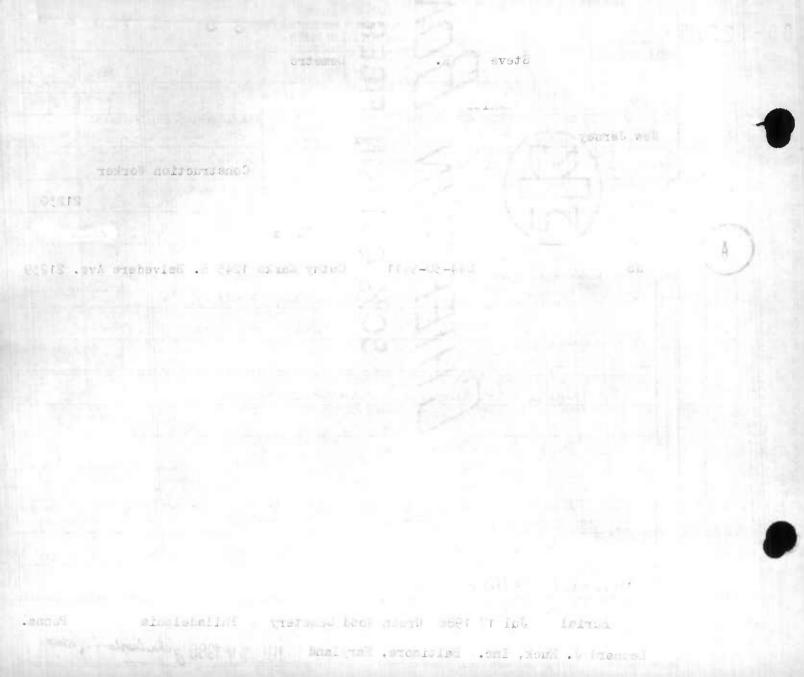
IF UNDER 24 HRS

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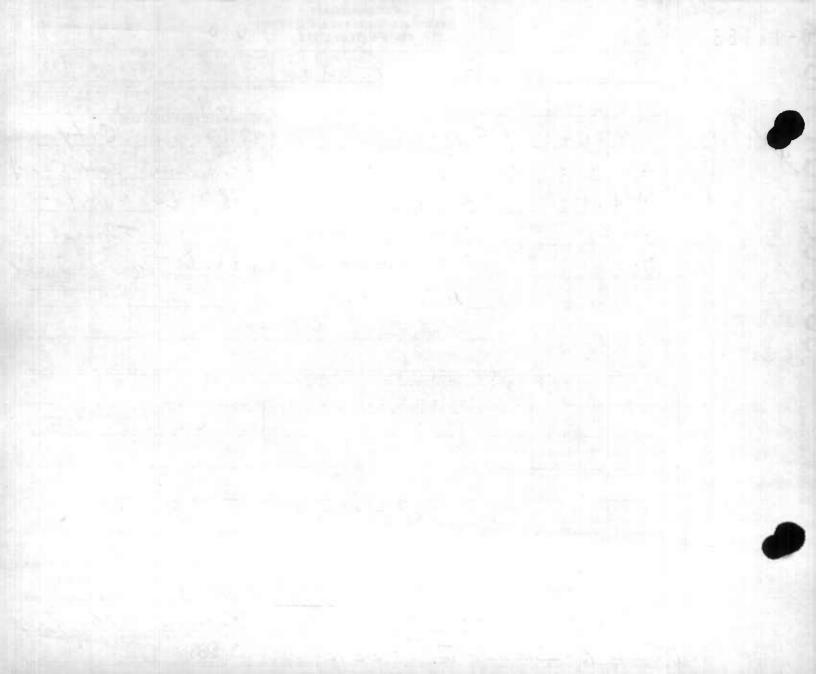
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DHMH - 16 60M 7/84 (VRA 15, 4)

- STATE

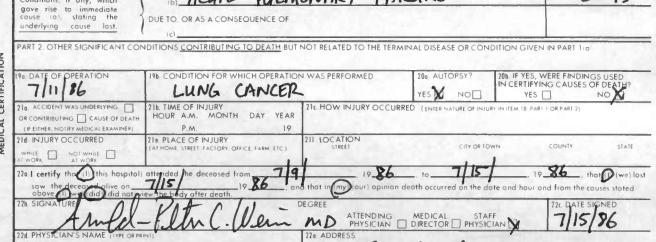


					STATE OF MARYLAND	allo	THE TANK	7 3
- 4	63	1 -	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO	o	3 6. 4
noy be	0000		CEASED NAME FIRST OR PRINT)	tt G.	Lettman 15. Date Of Birth	20. DATE OF DEATH	7-31-8	26 HOUR 3 AM
- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	500		MALE	White	MONTH DAY YEAR 18	67	YRS	DATS HOURS MIN
nerol di			OUNTRY) (STATE OR FOREIGN)	U-S-A-	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIVO BALTI	MORE COUNTY OF DEAT	DIFY MO.
by the fo		1	BALLIVERE	(IF NOT IN SUCH FACILITY GIVE STREET	le dospice	120 USUAL OCCUPATION OF THE PROPERTY OF MOST OF	ON FWORKING LIFE) IN THE MAN	nd of Business OR STRY C+h S+ee
n 24 hov		13a. S	AL RESIDENCE OF NURSING HOME OR O		NN 13d. INSIDE CAY LIMITS?	136 STREET ADDRESS	ZIP CODE	1544.
ed within	200	14 FA	THER'S NAME FIRST M	DOH DOH	MAR MARY	ME MIDDIE	Th	Sommes
oe execut	medicol		(AS DECEASED EVER IN U.S. ARM ES NOOR UNKNOWN) (IF YES, GIVE	NED FORCES? 166 SOCIAL SEC 230-05	F884-MR. MIC	had R-L	ett mare	365. Cuel
rificose physicia	emovol		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	Crittuing.		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
leoth cei	on or re		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	PENCEDE P-Coil	Carlos		
hot the c	ose remo		gave rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF			
equires to signed	r to burio injury, or	NO	PART 2. OTHER SIGNIFICANT CO	Molitions CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	RI lio
he low on has bee	Sws ony	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES [INDINGS USED USES OF DEATH? NO
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G PHYSICIA offending pl	rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC) 21f LOCATION STREET	CITY OR TO	WN COUN	TY STATE
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O HOSPITA eforned by I	with the State IMPORTANT. If		22d. PHYSICIAN'S NAME (TYPE OR	PRIMI SIDI	Her Jose Lelk	orabl.	Pike	ودداد
BP	± 3 <u>≥</u>		URIAL, CREMATION, REMOVAL SPECIFY BURIAL	23b. DATE 23c 23c	NAME OF CEMETERY OF CREMATORY	23d LOCATION DA H	MOZE COUNTY	You it
DHMH - 16		24. FL	NERAL DIRECTOR	MALALIAS	263 5. Conklying 250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIC	HATIN



013.486	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	9 3 2 9
noy be poge 3	I. DECEASED NAME FIRST (TYPE OR PRINT)	WILL Ernest	Deutsch	7/22/86	YEAR 26. HOUR 759 M
ge 4 mo)	3 SEX male	1 RACE white	S. NO COF BIRTH MONTH DAY YEAR 10X 20 99		FUNDER I YEAR # UNDER 24 HRS ONTHS DAYS HOURS MIN.
72 hours	LOVANTA AXXXXX	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF	OF DEATH MD.
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THE STATE OF THE S	USUAL RESIDENCE (IF NURSING 130, STATE	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NITY OR TOWN	YES X NO .	RUSSERN CT CODE ***********************************	
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ON ST., BAL The certificate ading physicis corbon paper on remayor and cevent. It	PART I. DEATH WAS CAUS	inly ane cause per line for (a), (b), an ED BY: ATE CAUSE (a) Adult response to the control of	ence of	home /proumoris	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
t W. PREST har the dea by the atter task remarkon other traum	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		2-10-1Rs
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a ATTENDIA e hospitol or DIRECTOR: A sched for use Dept of the	saw the deceased alive o above, (I) (we) (did) (did n	oital) attended the deceosed from		death accurred an the date and haur	
그를 무용되는	226. SIGNATURE	ad c Blig		MEDICAL STAFF DIRECTOR PHYSICIAN	7/22/36
TO HOSPITAL TO FUNERAL should be det with the Store	22d. PHYSICIAN'S NAME (TYPE	rd A Berg	22. ADDRESS Suite 365, 677	24314312.4.	maro, ha 21208
BP	230. BURIAL, CREMATION, REMOVA	7/23/86 C	NAME OF CEMETERY OR CREMATORY HEVRA AHAVAS CHESE		
DHMH - 16 60M 7/84 (VRA 15, 4)		LEVINSON & BROS. VN RD. BALTO, MD 2		TE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-12781 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b HOUR TYPE OR PRINTS JULY 15, 1986 RAYMOND I. DEWALD 8:45a 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Male White 22 23 Nov. 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED W NEVER MARRIED BALTIMORE CITY Pennsylvania USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY VA MEDICAL CENTER BALTIMORE MD BALTIMORE Retired SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore 105 S. Fulton Avenue, 21223 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lester Dewald UNAVA ILABLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 188-14-7830 Yes WWII Helen L. Dewald, 41 S. Fulton Ave., 21223 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I, DEATH WAS CAUSED BY: CARDOVASCULAR COLLAPSE IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF PULMONARY FAILURE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? LUNG CANCER 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY



DHMH - 16 60M 7/84 (VRA 15, 4)

23g BURIAL CREMATION REMOVAL (SPECIFY) 7/18/86 Garrison Forest Cem. Burial

230 NAME OF CEMETERY OR CREMATORY

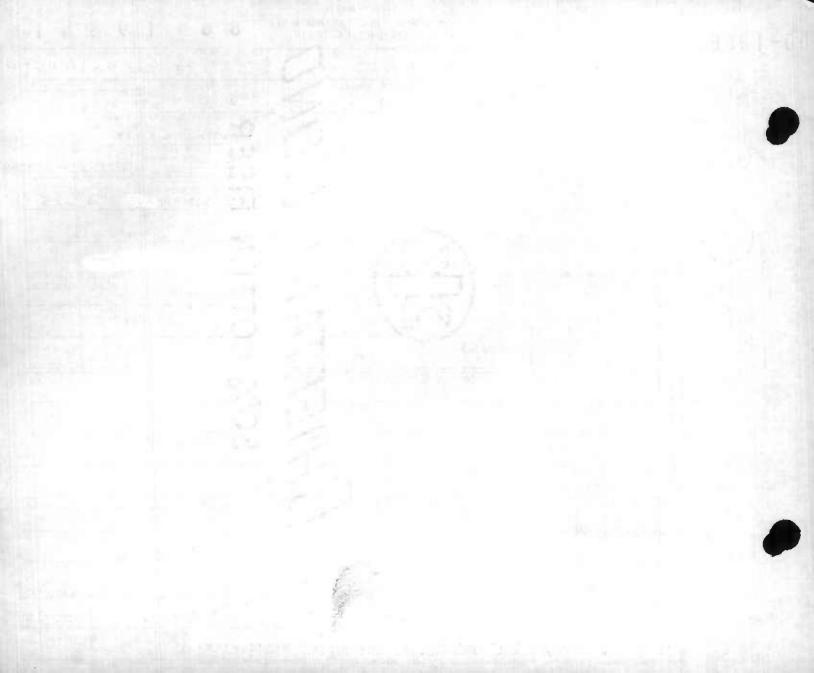
24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

Owings Mills Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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5 0	-	ENNSYLVANIA	U.SA	WIDOWE		BALTIMO	RE CITY	M
o offer o	MALE STATE	LTIMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	STREET ADDRESS)		120 USUAL OCCUPAT	F WORKING LIFET IND	KIND OF BUSINESS OF BUSTRY Duthern Sta
Olled in the country of the country	1		OR OTHER INSTITUTION GIVE RESIDENCE EDINTY 13c CITY OR	BEFORE ADMISSION)		13. STREET ADDRESS	ZIP CODE	21225
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STATE OF MARYLAND



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3.4	3.6E)		4 RACE	S. DATE O	BIRTH	VEAR 6	AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
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nowfied	1_	ACT CITY	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE SINAL H	STREET ADDRESS)	R OTHER INSTITU		20 USUAL OCCUPAT TYPE OF WORK FOR MOST O	F WORKING LIFE		BUSINESS OR
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and a		22a 1 certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	n 07 23 ot) view the body alter death.	0/	that in (my) (ou	19 & G or) opinion dec	oth occurred on the d	ate and hour		ot (I) (we) lost
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10	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	7/29/86	Eastvie		matory etery	Battimo	re	COUNTY	MD
50M 4/83		INERAL DIRECTOR	11	OREAS 1 . 1 A		25a. DATE R	REC'D. BY REGISTRAR	1 30 .	6 Late	RE
15, 4)	M	arch Funeral Ho	ome West 4300°	Wabash A	venue	July 2	18 1986 4	his Davy	days from	1 1000



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR LITABE OR BRIDATA 86 VINCENZO DIGIROLAMO 3 SEX 4 RACE 5. DATE OF BIRTH AGE UN YEARS LAST BIRTHDAY IF UNDER I YEAR Aug. 22, 1906 Male White To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Pennsvlva**n**ia DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Balto Barber BALTIMORE UNION MEMORIAL HOSPITAL SUAL RESIDENCE HENURSING HOME OR OTHER INSTITUTION, GIVE RE 21230 113 E. Cross St. Balto. Md. 3a STATE 13d INSIDE CITY LIMITS? Baltimore Maryland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unknown Antonio Marrianna DiGirolamo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS HE YES GIVE WAR OR DATEST Mrs. Virginia D. DiGirolamo, Same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b)
PART I, DEATH WAS CAUSED BY: Aconsequence of Cardiomyopathy Aconsequence of Recent Myocardial Interction Conditions, if ony, which gove rise to immediate couse (o), stating the couse ERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NOL Hygie Sh 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on obover (1) (we) (did) (did not view the body after death , and that in (my cour opinion death accurred on the date and hour and from the couses stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be. MPORTANT 22e ADDRESS SUSAN G. WEINER M.D. UNION MEMORIAL HOSPITAL 230 BURIAL, CREMATION, REMOVAL 23h DATE 231 NAME OF CEMETERY OR CREMATORY 29/86 Burial Meadowridge Mem. Pk. Elkridge Howard 24 FUNERAL DIRECTOR Balto .Md . 21230 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Funeral Home. 130 E. Fort (VRA 15, 4) True Weydoon-Market

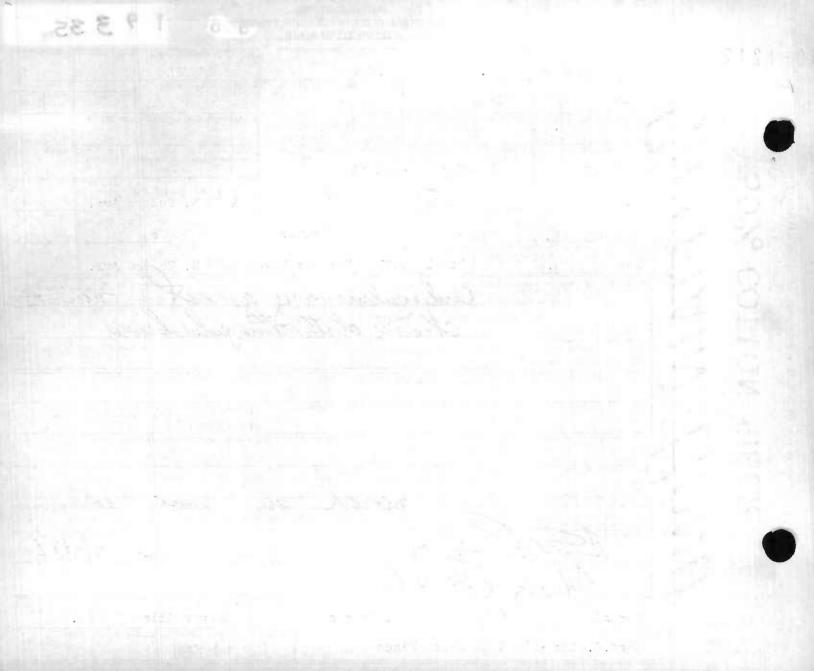
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DHMH - 16 (VRA 1		24 FI	JNERAL DIRECTOR NAME NAME NAME	1 1101 E	Nord	L Ana JU	L 21 PRE Julia	STRAR'S SIGNATURE

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STATE OF MARYLAND



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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc., 5305 Harford Rd.

7-12-86

Holy Redeemer

Burial

Balto. Md.
250 DATE REC'D. BY REGISTRAR'S SIGNATURE

COUNTY

2h HOUR

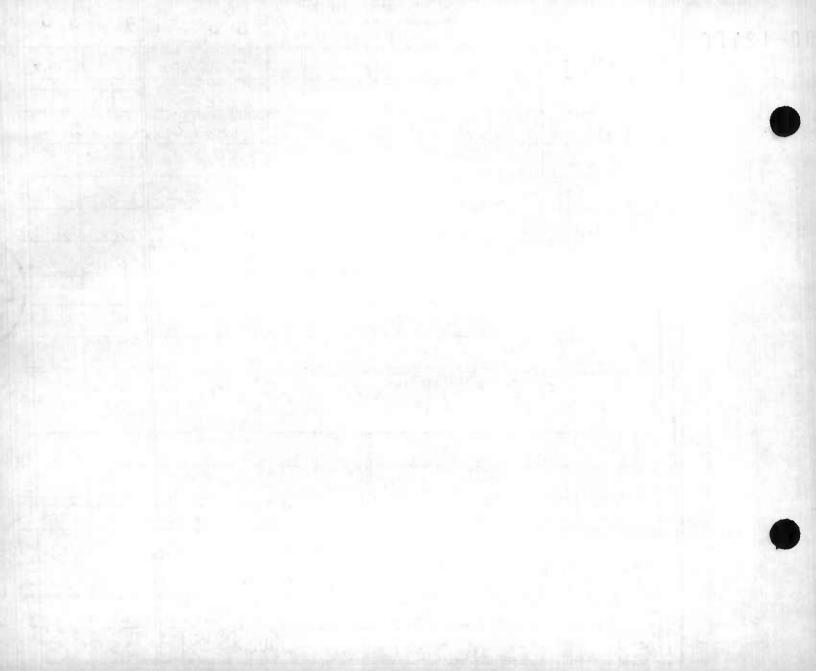
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	STATE OF MARYLAND
0-12170	1 - STATE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 9 3 3 8
10-134/0	REG. NO. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR
2 8 4	(IYPEORPRINT) The ma # DODP 7/24/86 85519 M
60 00 i	SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
7 /05	MONTH DAY YEAR 60 YRS MONTHS DAYS MOURS MIN.
1 11 05	TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
1 50	MD USH WIDOWED DIVORCED Ballimore City MD.
A i ii bo	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
1	Collemon University of Maryland
1 1 1 1 1 A	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 134. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE
3 3	4 FATHER'S NAME ISALT I MORE SALT IN MOTHER'S MAIDEN NAME
1 1040	SIRST MIDDLE LAST MIDDLE LAST
1 1944	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADJ 312
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9 1 11.2	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL APPROXIMATE INT
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or oth	underlying couse lost
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	130 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CULTURE OF COUNTY ROUNTY BALL MORE MADE
BP	4 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	WM (). March F/H Inc. 1018. WORLD Ave. JUL 25 1988



1	STATE OF MARYLAND
1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 9 3 3 9
0-11696	REGISTRAR William Dollinger CERTIFICATE OF DEATH REG. NO.
	ECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
2 75	William Dollinge 7/6/86 63.Am
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20 3 3 4 5 650	AL I SIDENCE IF NURSING HOW OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION!
9 1 3 6 9	Md. 136 OUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13c STREET ADDRESS / ZIP CODE 1800 Wendover Rd. 21234
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8 9 19 NOX	MIDDLE LAST FIRST MIDDLE LAST
3 COV	William Dollinger Mary Bensel WAS DECEASED EVER IN U. S. ARMED FORCES? 160-40CIAL SECURITY NO 17 INFORMANT ADDRESS
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8	ATTENDING MEDICAL STAFF
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230.	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE
BP	Burial 7/8/86 Parkwood Balto., Md.
DHMH - 16 60M 7/84	FUNERAL DIRECTOR 1250 DATE REC'D. BY REGISTRAR 250.
(VRA 15, 4)	9705 Belair Road, Balto., Md. 21236 JUL 8 1988

					STATE OF MARYLAND		1 1
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	0000	2.	BURIAL CREMATION REMOVAL	1 - 2 - 1 - 1 - 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY, & STATE
1.010	BP	1	AINGTON NAT.	7-17-86 A	ELINATON NOTECE		1. VA.
4/	HMH - 16 60M 7/8		FUNERAL DIRECTOR	+Dbpcc. d	ARLICOG tong CA 250 DA	TE RECID, BY REGISTRAR 26 JEGIS	BARMANAMAR
1 ,	(VRA 15, 4)		ARLINGTON FYNE	RYL HOINE 3901		L S 1 1900	
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DHMH - 16 50M 4/83 (VRA 15, 4)

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BY REGISTRAR 256. REGISTRAR'S SIGNATURE

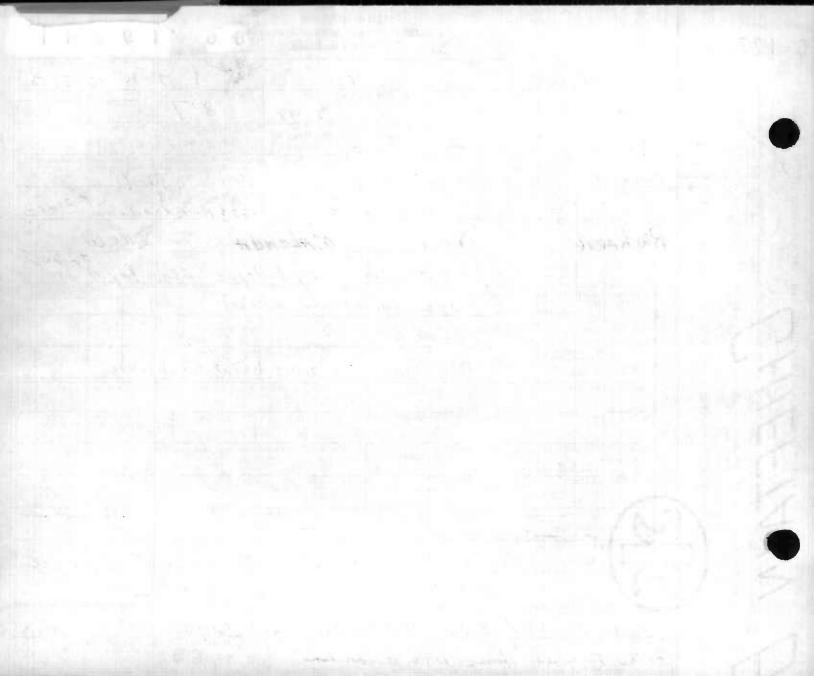
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IF UNDER 24 HRS

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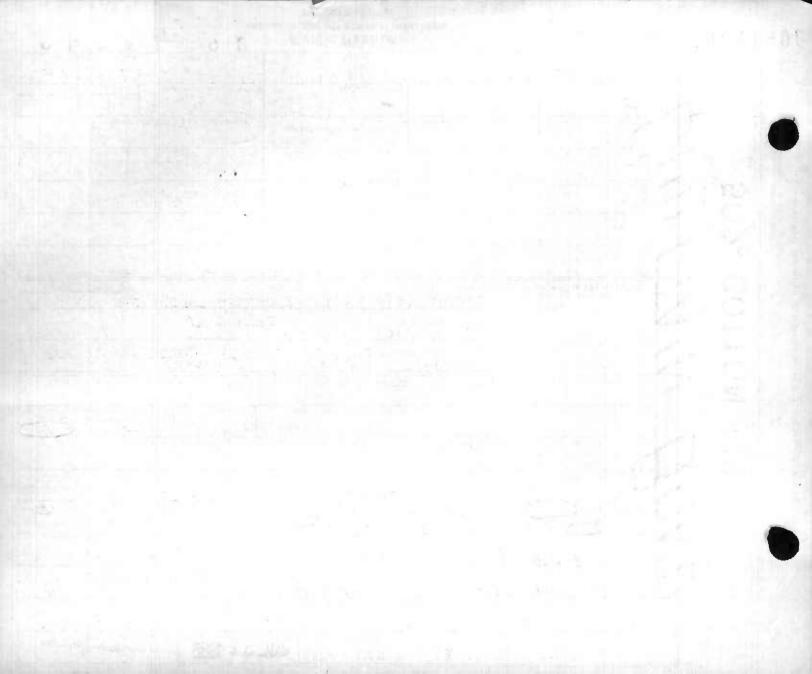
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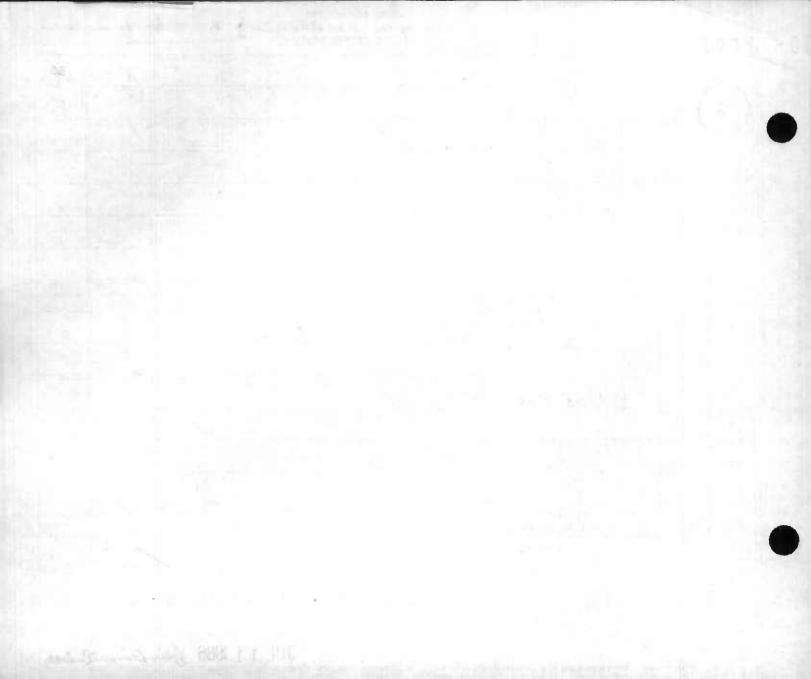


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	ofter the first of yearth for the first of yearth for the first of yearth for the first of the f	76 BIRTHPLACE (STATE OF FOREIGN) 16 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED MARRIED MARRIED DIVORCED MARRIED
ARYLAND 2120	ed within 24 hours mpleiely filled in by and 2 should be file	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 131. COUNTY 131. COUNTY 131. COUNTY 131. COUNTY 132. COUNTY 133. COUNTY 134. COUNTY 135. COUNTY 136. STREET ADDRESS 14 FATHER'S NAME MIDDLE LAST
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IDS, 201 W. PRESTON ST., B	quires that the death certifical uniques by the attending phys hen please remove carbon part to burial, cremation, or remakingly, ar other traumatic event.	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10
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	TD HOSPITAL Cretained by the TO FUNERAL Dishould be detao with the Stole DIMPORTANT: IF	27d. PHYSICIAN'S NAME (TYPE OR PRINT) SALVADOR PAPA TRANCES PROTECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DENTE !
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	DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME ADDRESS ADDRE

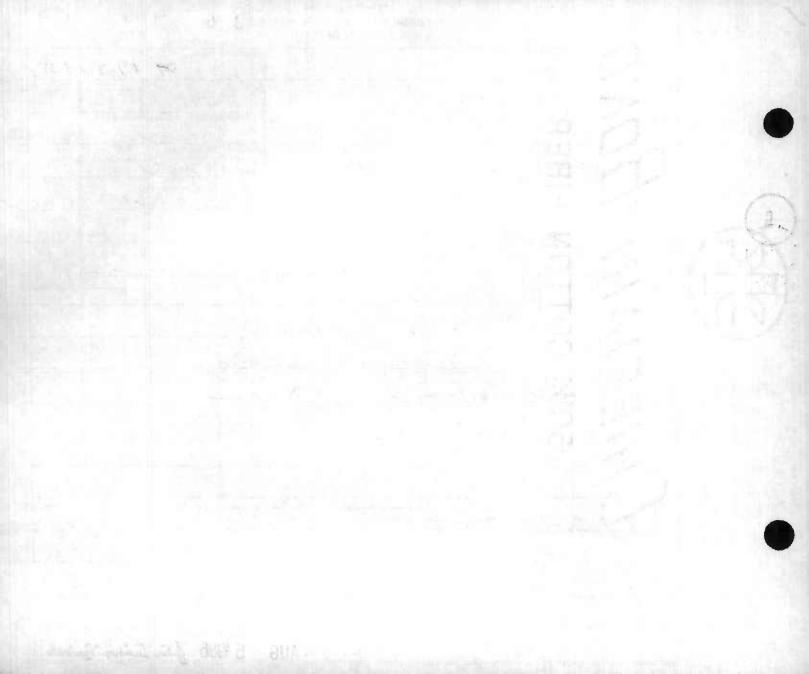


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME TYPE OF PRINTS DIIDOK 5. DATE OF BIRTH (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1 SFX MONTH 0 1906 To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Ukraine DIVORCED [WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWIFE INDUSTRY SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STREET ADDRESS ZIP CODE AVE. 21224 13a. STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE TAST MIDDLE Gredory Bohonis Sonhia Stachiw 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21237 164-28-6860 Maria no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CAR CARDIORESPIRATORY ARREST PULMONARY DUE TO, OR AS A CONSEQUENCE OF PULMONARY HOURS Conditions, if ony, which EDEMA gove rise to immediate couse (a), stating CARDIAC ISCHEMIA DUE TO, OR AS A CONSEQUENCE OF DISEASE underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AL WORK TIIII.220.1 certify that (1) this hospital attended the deceased from_ and that in (my) our pinion death occurred on the date and hour and from the causes stated 27, 1986 abave, (1) (we) (did (did not) view the body after death. TITTY 77h SIGNATURE 226 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) CHURCH HOSPITAL, BALTIMORE, should by 23a BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION St.Michael Ukr.Cem Baltimore Burial Md. 250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE me way door fandalle DHMH - 16 60M 7/84 Zeiler, Inc. 190 1 Eastern Ave. (VRA 15, 4)



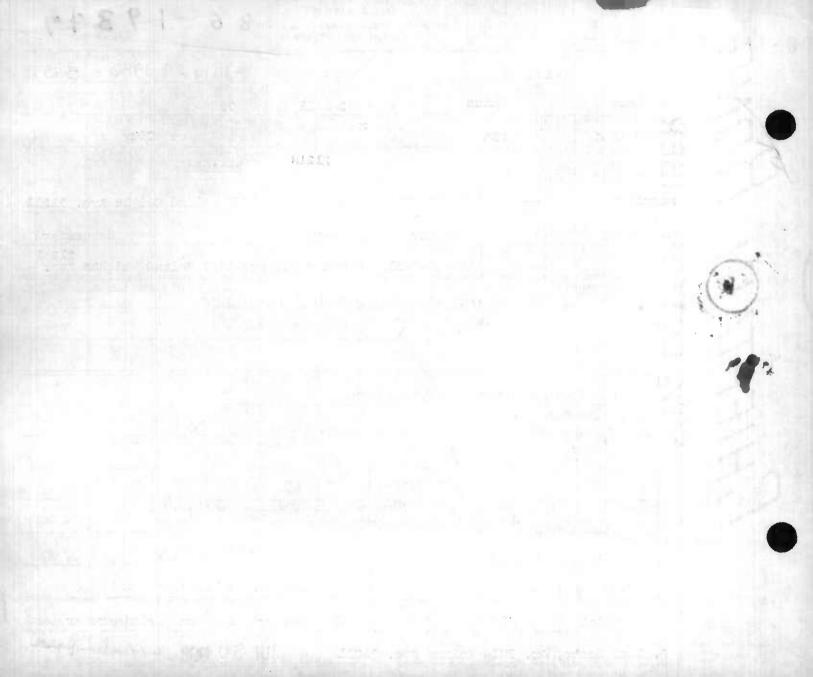


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death. Pa	Ls	RTHPLACE (STATE OR FOREIGN COUNTRY) Carolina	U	SA.	WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY	MORE	CITY	MD
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13	The S	AL RESIDENCE (IF NURSING HOM STATE 136 CC		BALTIN	TORE 13d	INSIDE CITY LIMITS?	13. STREET ADDRESS		CT 21	226
9		ATHER'S NAME LEUI	WIDDLE	DUKE	5	MOTHER'S MAIDEN NAME ANNIE	MIDDLE		MURI	PHY
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(VRA 15, 4)			y Board	ADDRE22	Balto.	., Md. AUG	5 1986	Julia Den	der Rade	eŝ,



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NG PHYSICIAN: The law requires th ottending physician differ this certificate has been signed to so the burnol-stransin permit. Then ples the and Mental Hygiene prior to burnol thand mental Hygiene prior to burnol and dear them 18 shows any injury, or	CERTIFICATION	190 DATE OF OPERATION	Ca 3/e		+ Hemy tern A	200 AUTOPSY? YES NO NO	20b. IF YES, WERI IN CERTIFYING (YES [E FINDINGS USED CAUSES OF DEATH? NO
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	James S. Kirk	ley, Glen Bû	rnie, MD	25a DATE	29 1986	256 REGISTRAR'S S	SIGNATURE

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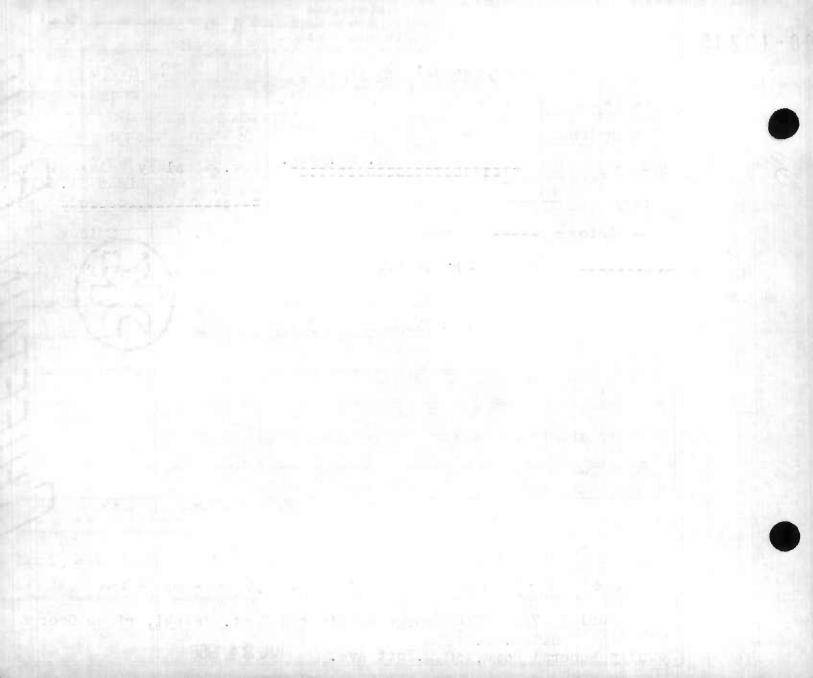
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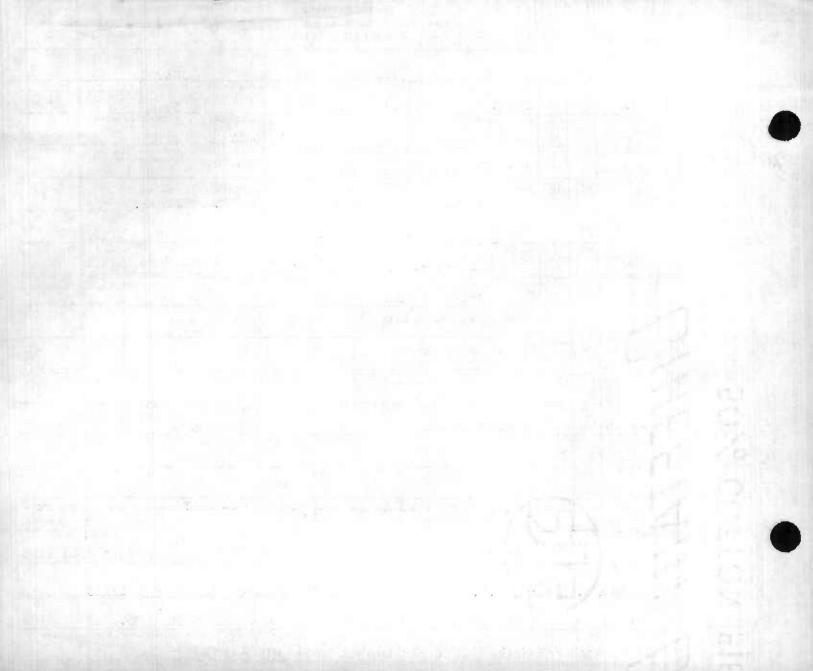
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(VRA 15, 4)



McCully Funeral Home/Brooklyn, Md. 2122

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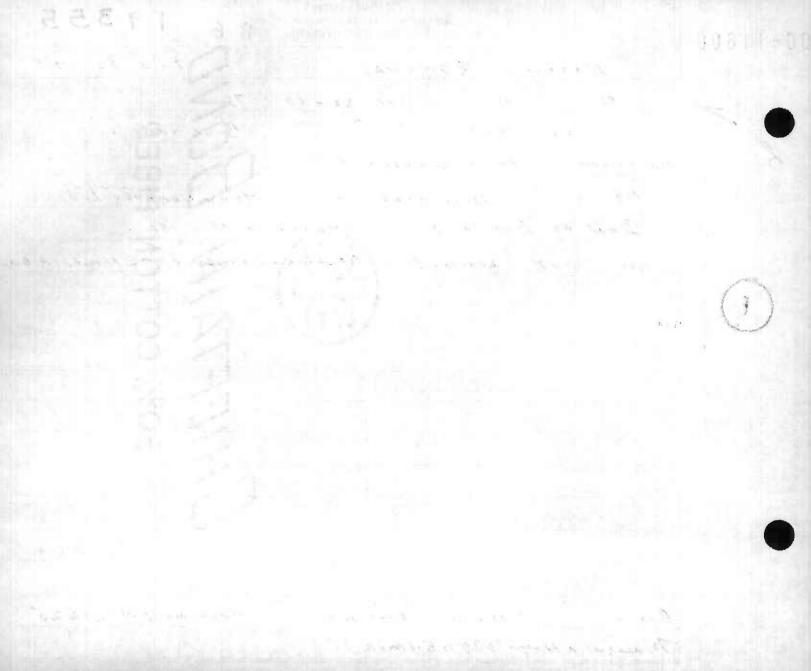
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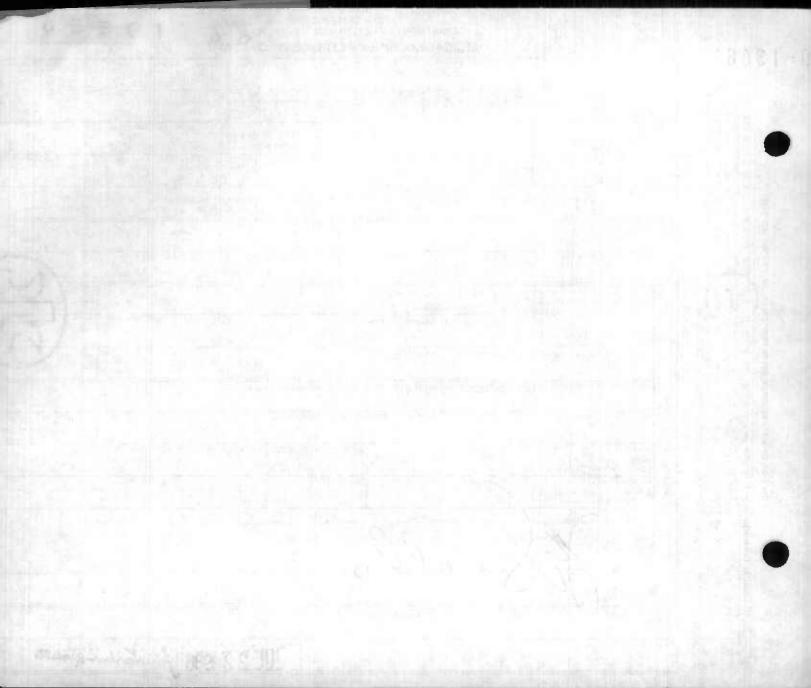
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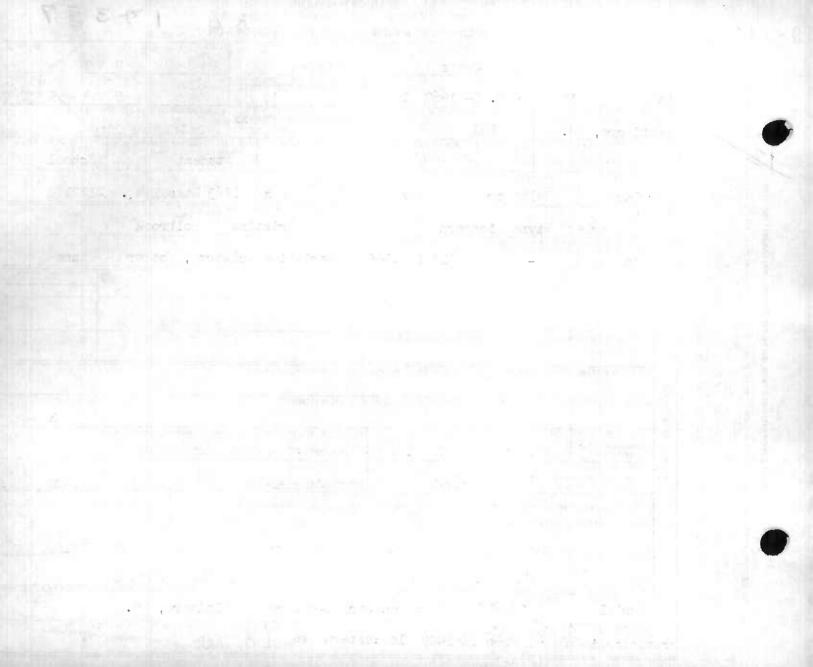
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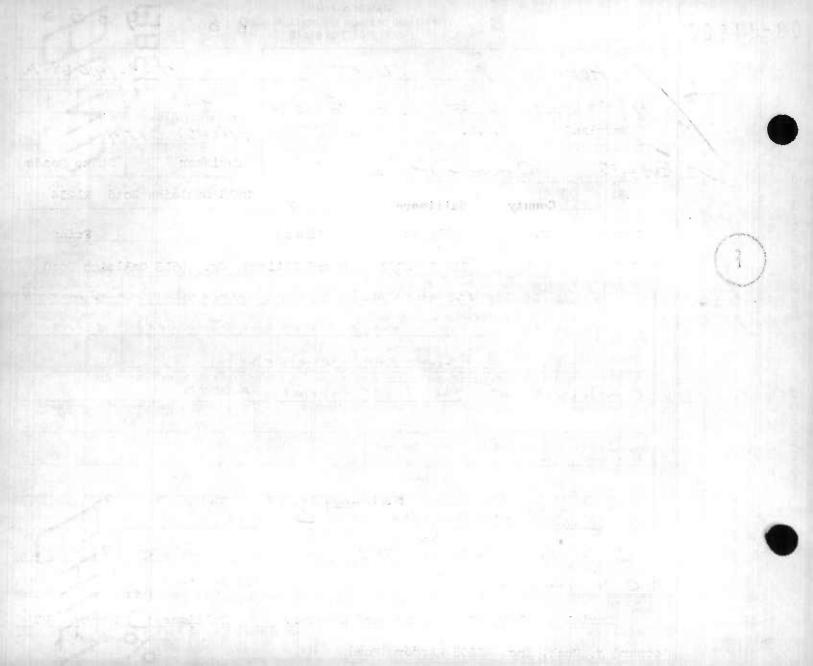
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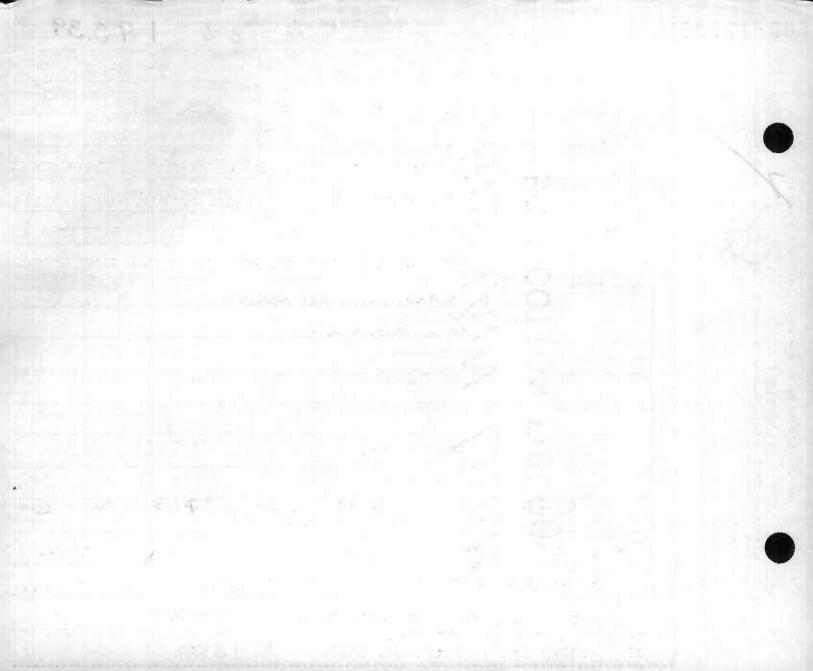




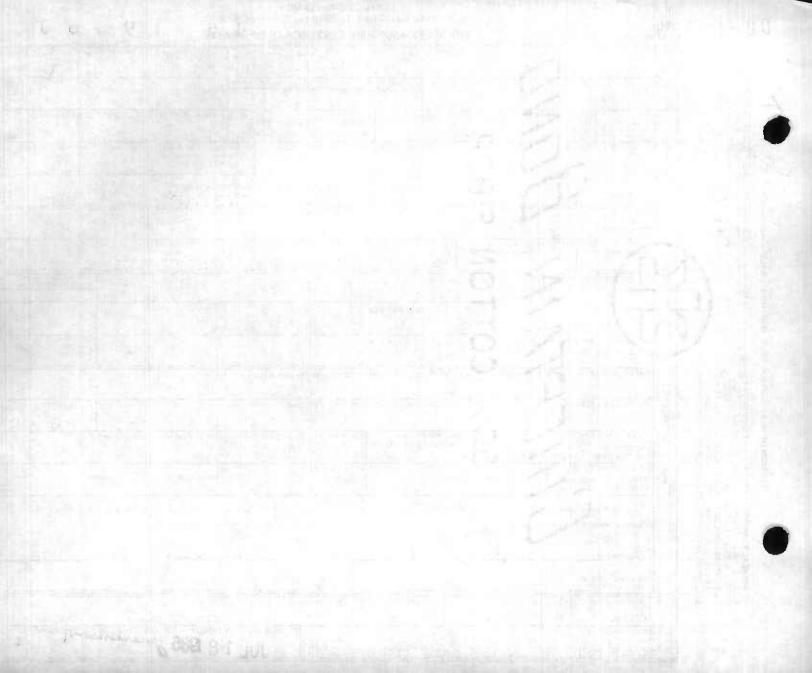
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR 1. DECEASED NAME 20 DATE KNOWN A MONTH (TYPE OR PRINT) ESTI-DEATH MATED Anthony Eichhorn 1 1986 James 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 4 RACE 5 DATE OF BIRTH DATE 3. SEX 12:42 LAST BIRTHDAY) PRONOUNCED Jan. 14 1967 19 1986 DEAD Male White 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City DIVORCED WIDOWED Baltimore, Md. LE CITY OF TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Student School Baltimore University Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) THE COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21221 1263 Damsel R. Maryland Baltimore Essex NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE Wayne Eichhorn Holbrook Christine Arley 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Christine Schwarz . Mother 213 02 2340 Same No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG 1 TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH, THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAILIMORE, MARYLAND, 21201 PRÍOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 100 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR TI - 30 XX 7 1 10 8 UNDERLYING SOR 1 10 86 Pedestrian struck by truck CONTRIBUTING CAUSE OF DEATH 1: 30XX 21e PLACE OF INJURY (ATHOME, 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Eastbound RT-695 A.A. CO Glen Burnie .MD. road Autapsy X Inspection Inquiry and in my apinian 22a. I certify that I taak charge of the remains described above, held an Accident X Natural causes Hamicide Undetermined manner death resulted fram: TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/2/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. TYPE OR PRINT 23a BURIAL CREMATION, REMOVAL 7/4/86 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Loudon Park Cometery Baltimore. Md. BP. 250. DATE REC'D. BY REGISTRAR 258. REGISTRAR'S SIGNATURE **DHMH - 17** 1407 Old Eastern Ave |||| Minera (VR A15 ME (5)) 20M 4/82







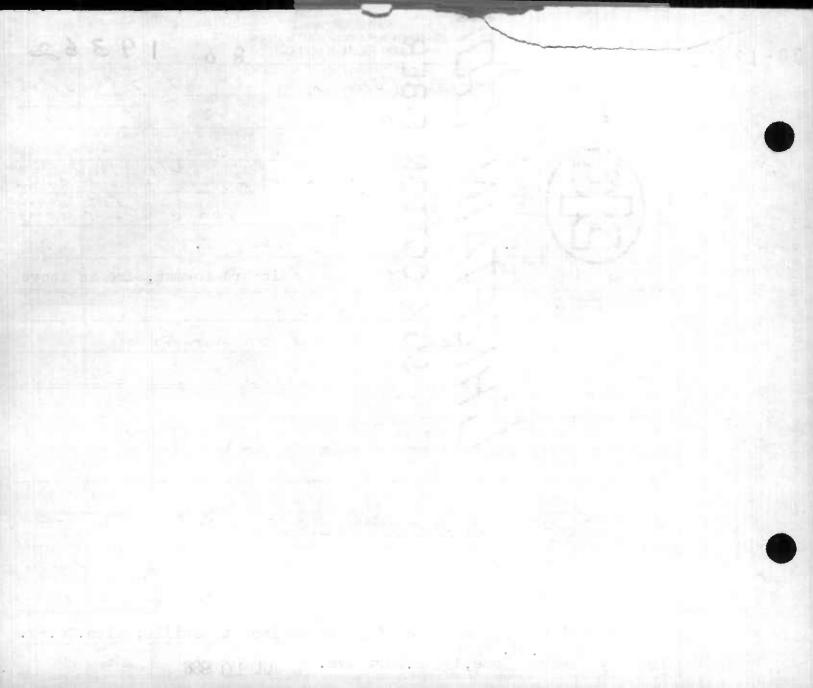
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	を世界日子	10. CI	TY OR TOWN OF	DEATH	11. NAME OF HO	SPITAL, NU	IRSING HOM	E, OR OTH	ER INSTITUTION	ON	120 USUAL OC	CUPATION (TYPE OF WORK	12b. KIND O OR IND	F BUSINESS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ITAL OR ATTENDING PHYSICIAN. The low eage on that the death certificate be executed a min 24 years after the bospital or ottending physician.
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3. SEX RACE S. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY F UNDER 24 HRS MONTHS DAYS MOURS MIN. 10. BIRTHPLACE ISTATE OF PORE ON 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED MARRIED DIVORCED MARRIED DIVORCED DIVORCED MARRIED DIVORCED DIVOR
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DHMH - 16 50M 1/B1

(VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

(SPECIFY) Burial

230 BURIAL, CREMATION, REMOVAL 236 DATE 7/14/1986

Oak Lawn Cemeterv

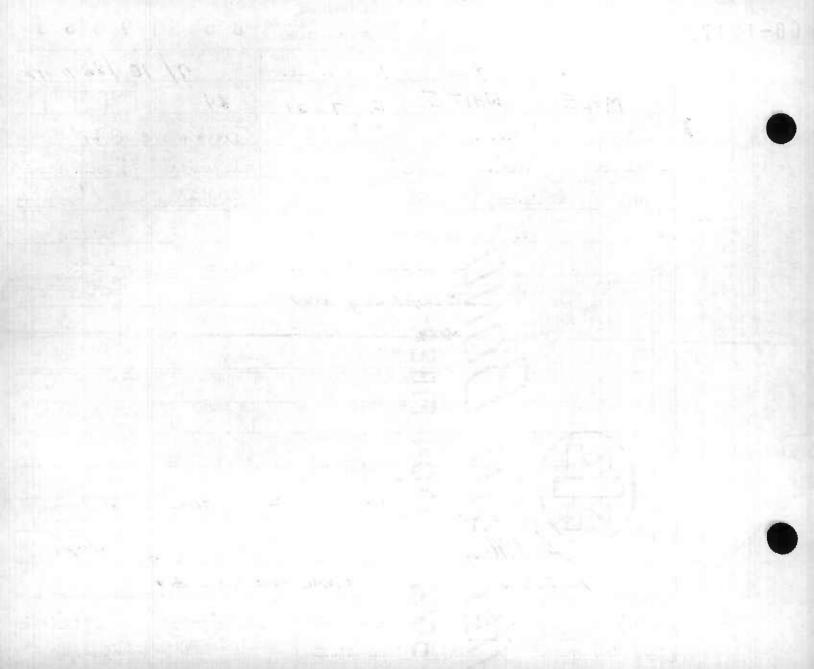
231 NAME OF CEMETERY OR CREMATORY

23d LOCATION Baltimore

Maryland

Dundalk, Maryland 21222

250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

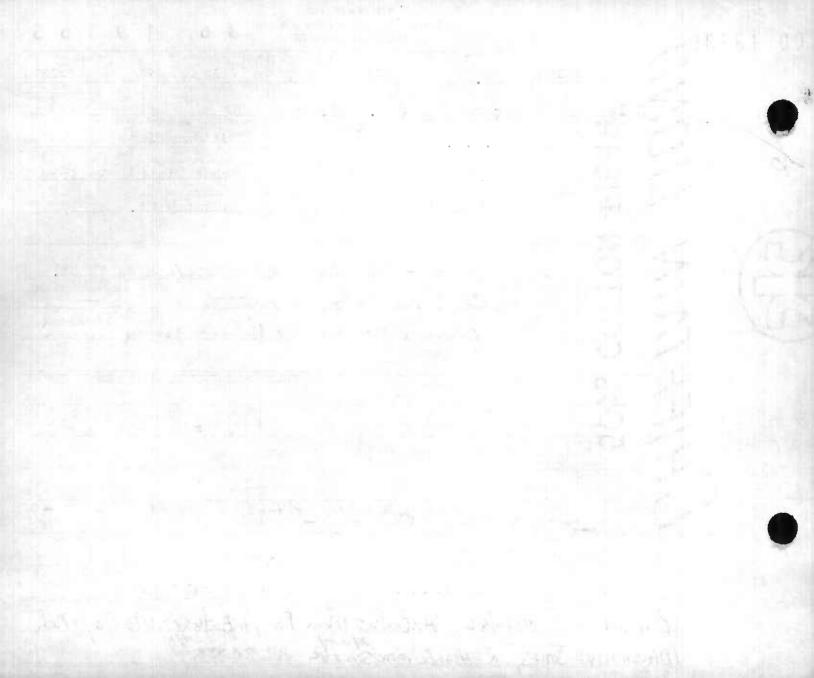


DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1. DECEASED NAME FIRST MODILE LAST 20 DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT) 3. SEX 4 RACE S. DATE OF BIRTH MONTH 6-24-86 MALE WHITE MONTH 6-24-86 MALE WHITE MONTH 6-24-86 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED BALT I MORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED BALT I MORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALT I MORE CITY OR COUNTY OF DEATH MARRIED NEVER N	26 HOUR 1900 M IF UNDER 24 HRS S HOURS MIN
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT B. DOUGLAS ENDZEL, JESSUP, MARYLL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH WAS CAUSED BY.	IND
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CARDIO - RESPIRATORY ARREST	DXMATE INTERVAL N ONSET AND DEATH
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THE SECOND REPORT TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	H
ON THE PROPERTY OF THE PROPERT	STATE
WHILE ON TWORK ON AT WORK ON AT W	SIAIC
20.1 certify that (X(this hospital) attended the deceased from 4-24 1986 to 7-2-86 1986	, that X (we) lost
sow the deceased alive an above 19 ond that in XX aur) opinion death occurred on the date and hour and from the above 11 (we) (did)	
ATTENDING MEDICAL STAFF	IE SIGNED
PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN (TYPE OR PRINT) 226 ADDRESS	
ARTHUR L. MACARAEG 900 S. CATON AVE-BALTO., MD 2	21229
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 238 LOCATION COUNTY COUNTY	STATE M D
BP BURLAL 1-1-00 SPRING HILL CEPTETER EASTON TALBOT DHMH-16-60M 1/75 24 FUNERAL DIRECTOR NAME NETWORK FINERAT. HOME: 128 STON MD 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNAR NAME NETWORK FINERAT. HOME: 128 STON MD	M,D

SELLINGE CIL

BALTIMORE SAINT AGNES MOSPITAL

VV



	1	FOR - STATE REGISTRAR		DEPART	TMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC TCATE OF DEATH	GIENE 8 6	1	9 3	6 6
		CEASED NAME FIRST		AIDDLE		AST	REG. N 2a. DATE OF DEATH	MONTH DA		26 HOUR
	(111	NEL	LIE	В.	ERI	OMAN	July	9, 19	186	2:45 Pm
	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BE		F UNDER I YEAR	IF UNDER 24 HRS.
	/	Female	Wh	nite	De		92	YRS	ONIHS DAYS	HOURS MIN.
X	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
-	10.0	Maryland	1	J.S.A.	WIDOWE		BALTIMOR			MD.
EL	10. C		(IF NOT IN SUC	H FACILITY, GIVE STREET	ET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
	(PIST)	BALTIMORE AL RESIDENCE (IF NURSING HOME O		MEMORIAL		TTAL	Homemak	ter		
1	130	STATE 13h COU	INTY	13c. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 4503 I	/ ZIP CODE	n Ave.	21206
3	14 F/	ATHER'S NAME FIRST Edward	WIDDLE	Fren	ch	15 MOTHER'S MAIDEN NA FIRST Margare	ME		Lave:	Ţ
1		WAS DECEASED EVER IN U.S. AI		166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	1000	
1	((YES NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	215-32-	8375	James B. Er	dman Sr. 84	31 Wil	low Oa	k Rd. 212
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per ED BY: (TE CAUSE (a)			Acidosis			-	MATE INTERVAL DINSET AND DEATH
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	RAS A CONSEOU RAS A CONSEOU COMORS	ral A	nery Thromb			31	days veors
9	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO				AINAL DISEASE OR CON	IDITION GIVE	N IN PART 10	
2	RTIFICATION	19a DATE OF OPERATION	196. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, YIN CERTIFY I	WERE FINDIN ING CAUSES	OF DEATH?
9	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P.A	м. МОПТН (м.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT OR PART 2}	
-	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY BET, FACTORY, OFFICE.	, FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
1	ĝ,	220.1 certify that (1) (this hosp saw the deceased alive ar above, (1) (we) (did) (did no	July	19 19	86 , or	nd that in (my) (aur) apinian	death accurred on the c	late and haur o		that (I) (we) last causes stated
		22b. SIGNATURE Deffrey 22d DUSSES		L, MD		ATTENDING PHYSICIAN	MEDICAL STA	CIAN	7 9	SIGNED 86
1		22d PHYSICIAN'S NAME (TYPE				201 UNIVE	RSITY PKWY			
		BURIAL, CREMATION, REMOVAL		23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		Burial	Jul 12	2 1986 M	ost Ho	ly Redeemer	Baltime	ore	Mar	yland

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

BP

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or oth

989 (401) 020 (4012)

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STATE OF MARYLAND FOR STATE

FUNERAL DIRECTOR SOL LEVILNSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

REGISTR	RAR			CERTIF	ICATE OF DEATH	REG	NO.	1000	
DECEASED N	AME FIRST	/	MIDDLE	l.	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
(11PE ON PRINT)	DOLLY	(DOROTH	Y) ET	ELSC	N	JUI	Y 18.	1986	1:30A
SEX	20111	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	,	IF UNDER I YEAR	IF UNDER 24 HRS
FEMALE		WHITE		DEC	. 7, 1926 YEAR	59	YRS	MONTHS DAYS	HOURS MIN.
SIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
MARYLA	ND	USA		WIDOWE			RE CIT	Y	м
CITY OR TO	WN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12e USUAL OCCUP.		12b. KIND C	F BUSINESS OF
BALTIM		THE J	OHNS HOP	KINS	HOSPITAL	HOUSEWI			HOME
SUAL RESIDE 30 STATE MARYLA	NCE (IF NURSING HOME O		GIVE RESIDENCE BEFORE 134. CITY OR TOWN BALTIMO	N	13d INSIDE CITY LIMITS? YES [X NO]	13e STREET ADDRES		F	4C 21215
FATHER'S N	AME	MIDDLE	LAST	-	15. MOTHER'S MAIDEN N	IAME MIDDLE		LAS	
HERM	AN	LIEBE			ANNA	MUDULE		GORDO	
NO WAS DECE	ASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUI	RITY NO.		. SEYMOUR AM	RESETEL	SON AP	T. C
NO	(11 165, 0	TO THE OWN DATES)			6503 PARK I	HTS. AVE.	BALTO.	, MD	21215
18 CAUS	E OF DEATH (Enter of	only one couse per	line far (a), (b), and	(c)				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PART	I. DEATH WAS CAUS	SED BY ATE CAUSE (a)	Cardiop	ulma	mary an	rest.	and Sign of		min
			R AS A CONSEQUE	NCE OF			SW ID		
	ons, if any, which	((b)_	Metabol		teidosis			20	thrs
couse	ise to immediate (0), stating the	DUE TO O	R AS A CONSEQUE	NCE OF			124.7		
underly	ng couse lost	(c)_	Mesent		- Ischem	ia		51	1 hrs
	OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GI	VEN IN PART 1	0.
2			myeloe	1.0		mia			
190 DATE	OF OPERATION	196 CONDI	TION R WHICH	PERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEATH?
						YES NO		ES [NO 🗆
OR CONTR	DENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCU	PRED (ENTER NATURE OF II	JURY IN ITEM 18	PART I OR PART 2)	
-	R NOTIFY MEDICAL EXAMIN	EATH		19					
21d INJU	RY OCCURRED	21e. PLACE (OF INJURY	RAL FIC)	211 LOCATION	CITY OF	TOWN	COUNTY	STATE
WHILE AT WORK	NOT WHILE AL WORK		action, office to						
220 1 cer	tify that (1) this has	oital attended the	e deceased from	June	30 19 86	e to July	18	19.86	that (I) e la
000	the deceased olive o		18 19 S	or, or	nd that in (my) (Curppinio	n death occurred on the	date and has	ur and from the	couses stoted
335.246	ATURE	V	00		DEGREE	No. of the last		22c DATE	SIGNED
) ougla	- IN	elm	-	MD ATTENDING	MEDICAL S	SICIAN X	7/1	8/86
224 PHYS	CIETANE NAME (THE	OR PRINT)		12,157	22e. ADDRESS			1	
Do	ouglas K	allman	MD		600 N.	wolfe s	t. E	Baltimo	re MD
e. BURIAL, CF	REMATION, REMOVA	L 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		20145	
BURI	AL	7/20/8	6 F	NAT T	ISRAEL	BALTIMO		COUNTY MADY	VT. AND

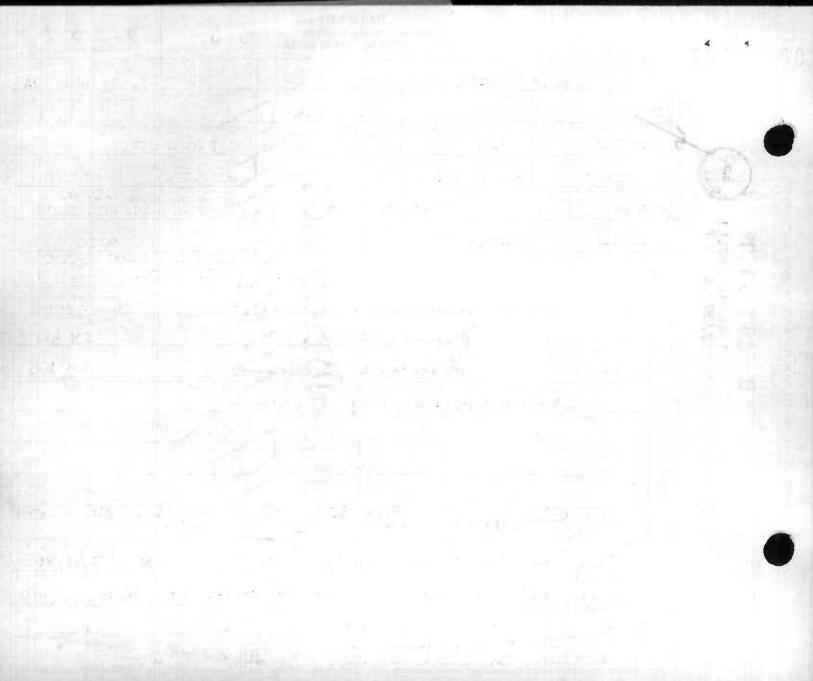
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

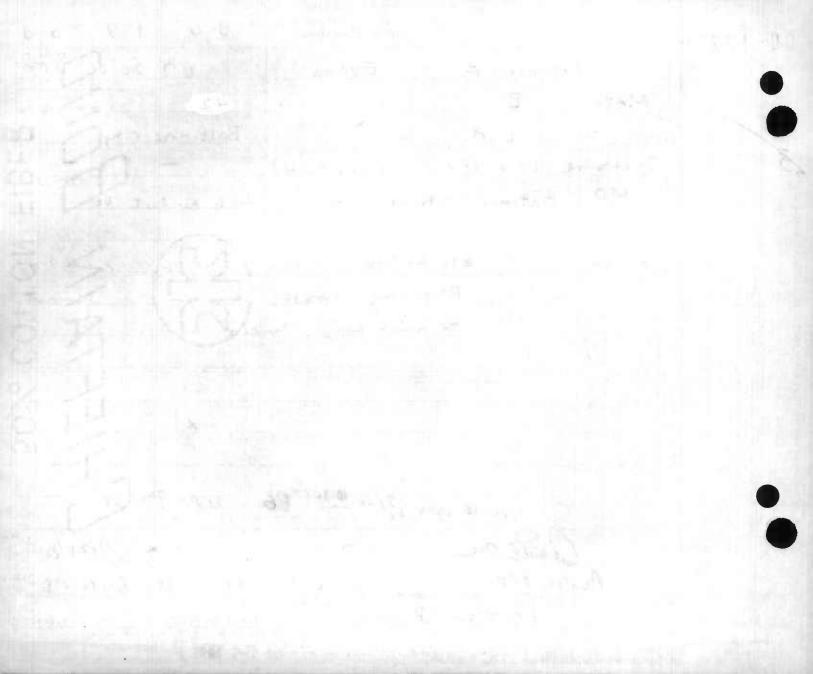
BP.

should be defoched for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior ta bur TO FUNERAL DIRECTOR: After this certificate has been



	1			STATE OF MARYLAND			
	11	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYC		10768	
11-1324	n	REGISTRAR		CERTIFICATE OF DEATH	O D	. 19300	j
0 1027		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR	5
2 55		Fran	nkie F	Evans	0	7 20 86 TIPM	T
2 2 2	1.56		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT		_
B 555	-	Male	B	S 2 45	41	MONTHS DAYS HOURS MIN.	
201		IRTHPLACE (1) FATE OFFICIAL ON	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OF	R COUNTY OF DEATH	_
		apuland	USA	WIDOWED DIVORCED	Baltim	one city Mo)
1 1 M	5 10.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126 KIND OF BUSINESS OR	_
2 3 6	2	Baltimore	Univ. of MD	Can cer center	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	
1 13 4		AL RESIDENCE (IF NURSING HOME OF		FORE ADMISSION)	13e STREET ADDRESS /	718 0005 21224	_
7 11	2	MDB	attimine Balt		416 N.		
1 2000	14.5	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	707	-
1 1150		Moses	£4	Aus Ollie	WIDDLE	DALLECS	
2 p.f. 3		WAS DECEASED EVER IN U.S. AR		ECURITY NO. 17 INFORMANT	ADDRES	55 21224	ī
(2 N/		YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	42-147h Sophie L	ELANSH	16 11 Pre+ Stree	7
2 (% F- 4		8 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b)	andic	C (30 / 0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	ź
N. S. J.			nly ane cause per line far (a), (b), ED BY: TE CAUSE (a)	piraton arrest		Bominut	1
A COLOR		MANAGOTA	DUE TO, OR AS A CONSEC	0		2017 17 000	
Section of the sectio		Canditians, if any, which			ncer		
to an		gave rise to immediate cause (a), stating the	DUSTO OR AS A CONST	0			_
of the state of th		underlying cause last	DUE TO, OR AS A CONSEC	OUENCE OF			
S PAGE A	13	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVEN IN PART 119	=
The state of the s	O N	17 6 3 7 6 2 7	100000				
A STATE OF THE PARTY OF THE PAR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED	
25 251 34	18				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO	
A B B B B A	8	210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
0. 1911	1 3	OR CONTRIBUTING CAUSE OF DE	min .	19			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE	_
100	12	AT WORK NOT WHITE AT WORK	TALL HOME STREET, PACTORY, OFFI	A LATE OF	C O 10.	24	
A マヤリ 日		220-1 certify that (1) (this haspi	ital) attended the deceased from	7/20 19 19	2 , ta]]] , vi	1/20 19 86 , that Ih (we) last	-
世界の立ちた			7/20 10:59Pis	81, and that in (my) (aur) apinian	death accurred an the da	te and have and from the causes stated	
A 五		TEK SIGNATURE	C2	DEGREE		22c. DATE SIGNED	-
A STATE		(A	will me	MD ATTENDING PHYSICIAN [MEDICAL STAF	JAN 7/21/01	-
A Park Mark Mark Mark Mark Mark Mark Mark M		1/	OR PRINT)	22e ADDRESS			_
Ship of the ship o		AUSTIN	MA	UMCL 22	S. Greene	St. Balto MD 21	1:
58 5413	23a	BURIAL, CREMATION, REMOVAL	236 DATE 2	3 NAME OF CEMETERY OR CREMATORY	23d LOCATION		=
BP		RURIAL	7/25/86	Baltimore	Balumb	re COUNTY Mapila	la
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	1-10-		COCCID BY DECICEDAD	OF OCCUPANT AND	-
(VRA 15, 4)	1/2	Im A Mapal	FHITM ID	East Nooth AvidIII	24 1008	Julia Dandon-Hondalla	ı

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170



Enthinge, Cabo . 4.2.5 .nana). diens 8.8 sensit Mary and Court of the Court of St. Court of St. of St. THE PARTY. Sterling of V. 11 - 111-19-1905 - Mr. Sterling Goodst. - 1059 Altermond St. The latest of the engine force to well and the second to t Leader of State of Cally 1919 . Mr. of Pall . Cally .

		-1	FOR		DEDADTME	STATE OF MARYLAND	UVC IPNE		
0.9	-1331	4 1	- STATE REGISTRAR			ERTIFICATE OF DEATH	8 6EG. N	10. 19	370
	m.e		ECEASED NAME FIRST PE OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
	dept dept		JULI.			AGAN	JULY 1	9, 1986	
	1 11	3. SI	EX	4 RACE	5	DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY] IF UND	DER TYEAR IF UNDER 24 HRS S DAYS HOURS MIN.
N	9 95		Female	Black	11	2 14 23	63	YRS.	Janes House
GREGORY	1 1 8	3 7a. E	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.A.		MARRIED NEVER MARRIED	9. BALTIMORE CITY O		
GRE	(111		BALTIMORE	(IF NOT IN SUCH FACI	LITY, GIVE STREET ADD	HOME OR OTHER INSTITUTION RESS) KINS HOSPITAI	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SOCIAL W		b. KIND OF BUSINESS OR IDUSTRY
MR.	法議式	13a	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE R				zip code enwood A	Venue 21213
MARYL	In it	14.F	ATHER'S NAME Arthur	MIDDLE Ph	elps	15. MOTHER'S MAIDEN Nina	NAME	W	oodĥouse
日田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	W 44 10		WAS DECEASED EVER IN U.S. A	1000 CALL OR OF THE BOOK	SOCIAL SECURIT		ADDR		
××××××××××××××××××××××××××××××××××××××	24 2		Unknown (IF YES, G	2	25-22-62	251 John FAgan	1519 N. Ken	wood Ave	nue
NON MED BY DR. SMIALE DANGION OF VITAL RECORDS, 201 W. PRESTON ST. BANK	low requires the the attent certifies is been signed by the affection of prior to burief, compiler to prior to burief.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A OUE TO, OR AS A OUE TO, OR AS A (c) CONDITIONS CONTR	A CONSEQUENCE A CONSEQUENCE BUTING TO DEA	EOF	018	IDITION GIVEN IN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH I PART I I G RE FINDINGS USED CAUSES OF DEATH?
AL R	The I	E E					YES NO	YES 🗌	NO 🗌
NON ON OF VIT	HYSICIAN: The Inding physicial is certificate buriol-transit Mental Hygin or them 18 shu	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	HOUR A.M.	MONTH DAY	YEAR 19 21t. HOW INJURY OCC	CURRED (ENTER NATURE OF INJU	RY IN ITEM TS PART TO	PRPART 2)
V.S.	ortens the the ked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FA			CITY OR TO)WN CC	OUNTY STATE
ED of	ATTENDING PI spital or otter CTOR: After th of for use as the of Health and		saw the deceased alive an obave, (I) (we) (did) (did no	7-19	7-8610	7-15-6(19	7	ate and hour and	fram the causes stated
LEA	by the hosp ERAL DIRECT e detached for State Dept. o		226. SIGNATUR 226 PHYSICIAN'S NAME TYPE	7. [[MEDICAL STA		24. DATE SIGNED
REL	TO HOSPITAL retained by the TO FUNERAL should be detromished the Stote with the Stote IMPORTANT:	1	JAMES L.	BAKER			HONK NO LEES	STABAL	TO., MD 21205
	BP	730.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	7/24/86		ME OF CEMETERY OR CREMATOR	CITY OR TOWN	cour	NTY STATE
	DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	1//4/00		Thiore cemetery	A Baltimor	256. REGISTRAR'S	SIGNATURE
	(VRA 15, 4)		March Funeral H	omes 1101	East No		JUL 23 1986		Inches 1944



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701		7
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate the executed within 20 mounts and the haspital or attending physician.	In Page 4 may be	12
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared in the first of the sector, page 3 CO should be detached for use as the buriol-transity permit. Then please remove corban popers and a handle beginned to the sector of the site of th	and director, page 3 (98

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MPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH 26 HOUR MONTH YEAR TYPE OR PRINTS AGNES Η. 4 RACE 5 DATE OF BIRTH AGE UN YEARS LAST BIRTHDAY IF LINDER LYEAR 3 SEX MONTH DAY BLACK 69 Ô 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY BALTO CITY U.S.A. DIVORCED XX Georgia WIDOWED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 126 KIND OF BUSINESS OR CIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! ORK FOR MOST OF WORKING LIFE INDUSTRY NORTH CHARLES GENERAL HOSPITAL BALTIMORE N/A USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE 523 East 20th Street Baltimore Maryland YES TA NO FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lillie William Harrington ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ES NO OR UNKNOWN HE YES GIVE WAR OR DATEST 3408 W. Franklin STreet Charles Fairley Unknown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY MORUI MANDAY IMMEDIATE CAUSE (a) MYOCAMOIN ZNEARC DUN Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF otho underlying cause last. orono ö PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION C7511 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NOF 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY morked or (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a | certify that (1) (this haspital) attended the deceased from. saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death , and that in (my) (obc) opinian death occurred on the date and haur and from the couses stated 21 DEGREE 22c DATE SIGNED

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

22d. PHYSICIAN'S NAME LITYPE OF PRINT

March Funeral Homes

7/22/86

COCHRAN

236 DATE

231 NAME OF CEMETERY OR CREMATORY King Memorial Park

M.D

1101 East North Avenue

22e ADDRESS

NORTH

ATTENDING

23d LOCATION Randa Tistown,

STAFF

CHAS

GEN

Md STATE

21218

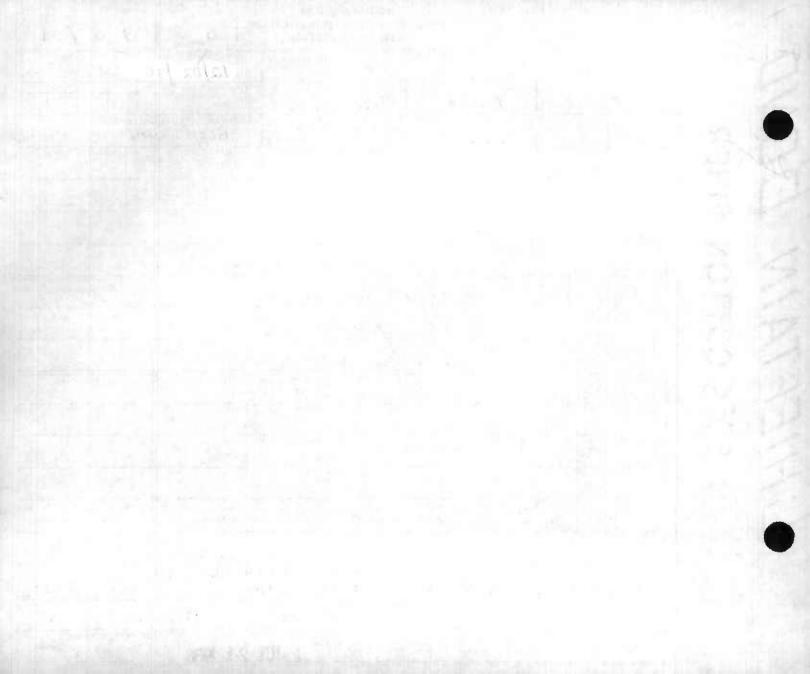
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250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MEDICAL

PHYSICIANI DIRECTOR PHYSICIAN

Sulia Tavidon Bordelle



DHMH - 16 60M 7/84

(VRA 15, 4)

I W. Belveders Ave. 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b DATE (SPECIFY) CITY OF TOWN Burial 7/14/1986 Mt. Calvary Cemetery Anne Arundel. Maryland Nutter & Sons Funeral Home, LNc. Md. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 2121

STATE OF MARYLAND

25 HOUR

17h KIND OF BUSINESS OR

FORD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PVT. FAMILIES

IF UNDER 24 HRS

86

IF UNDER I YEAR

INDUSTRY

YES

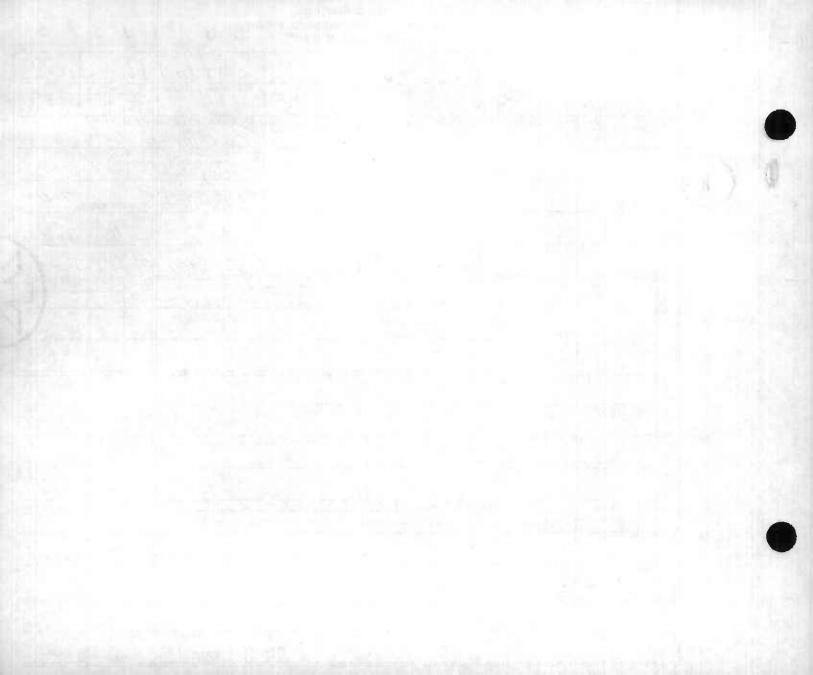
COUNTY

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22c DAJE SIGNED

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Maniforn Company of the Company of t LALTIMORE, MARYLAND 21716 2502 Toirn Fires cond 812-32-2605 Mrs. stelled. Parker Faltiers, Mc. 21225 and the standard was also the standard was also the



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME 20. DATE KNOWN K LTYPE OR PRINT ESTI-Allen Randv Farlow DEATH MATED 3 SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 31 VDC RONOUNCED Male Dec 5 1954 White DEAD 6/19 86 A 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Baltimore City, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Construction Worker Baltimore University Hospital 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Middle River Maryland 2E Beech Drive 21220 FATHER'S NAME 15. MOTHER'S MAIDEN NAME South Emory Farlow Bonnie 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 215-68-4856 Emory I. Farlow 3100 Royston Ave. 21214 No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Gunshot Wound to Abdomen PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PRE PROBLEM, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGEIR AJUTIMORE, MARYLAND, 21201 FRIOR TO BURIAL, CREMATION, OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2) UNDERLYING OR HOUR A.M. CONTRIBUTING CAUSE OF DEATH 2:20 KK HOUR A.M. MONTH DAY YEAR subject shot 21f LOCATION STREET, FACTORY FARM FTC) CITY OR TOWN WHILE AT WORK 800 Bowleys Quarters, Essex, Balto. Co., Md. 220 I certify that I taok charge of the remains described above. hald an Inspection Homicide XX death resulted fram: Natural causes 1 Undetermined manner TITLE (SPECIFY) **ACTUAL** M.D. Assistant MEDICAL EXAMINER 7/6/86 SIGNATURE EXAMINER'S NAME Gregory K. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL, CREMATION REMOVAL 23h DATE July 9 1986 Holly Hill Memorial White Marsh Burial Maryland 07/B4 BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH** - 17 Tillia, Daindon Dandelle (VR A15 ME (5)) Leonard J. Ruck, Inc. Baltimore, Maryland

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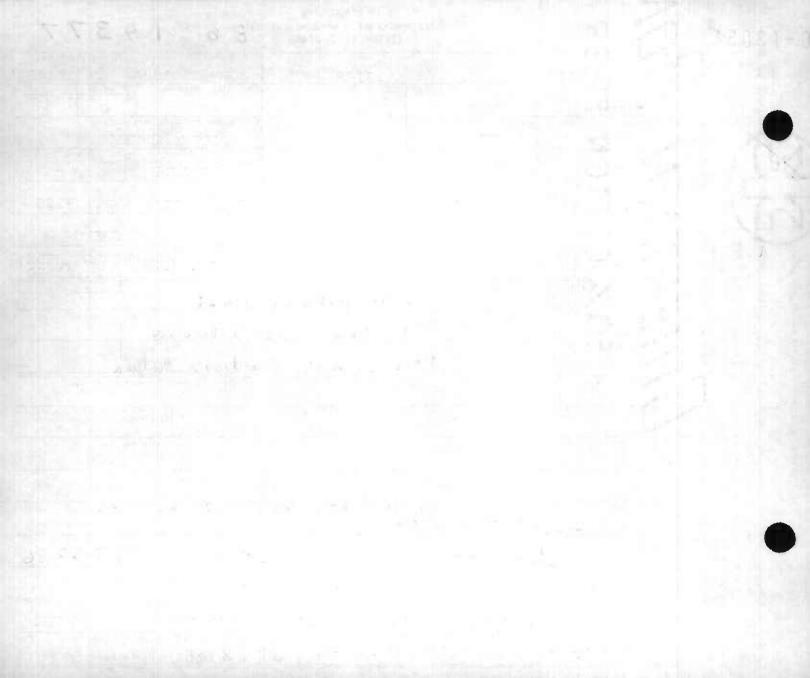
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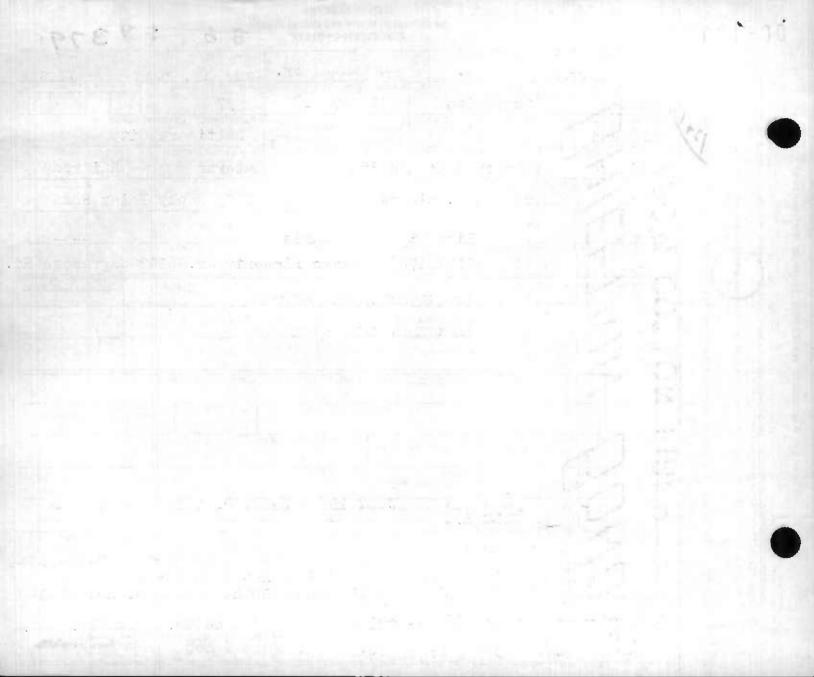
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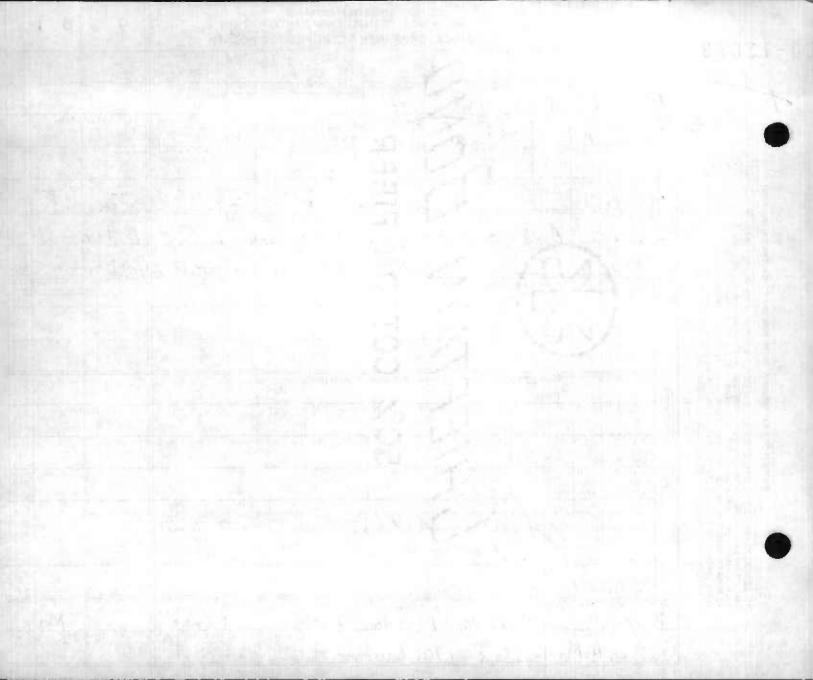


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LEE FISHER TYPE OR PRINT S. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY 3 SEX 4 RACE DAY 7 YEAR 34 White Female O BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland DIVORCED TX IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OCCUPATION 12b. KIND OF BUSINESS OR Clerical Work Pre Trial Releas 130. STREET ADDRESS / ZIP CODE 1432 N. Fulton Avenue 21217 Maryland Baltimore 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Amelia Smith Walter Mabel ADDRES Balto. Md. 21202 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Mr. Joseph Askin 1209 Court Square Building 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a IFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 23 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE WHILE 22a. I certify that (1) (this haspital) attended the pleceased fram. saw the deceased alive and that in (my) (our) opinion death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did not view the body after death, 226. SIGNATURE DEGREE 22c. DATE SIGNED 7/18/86 PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ld b Dr. Selvareo Muneses 2000 W. Baltimore Street Balto. Md. 21223 23a BURIAL CREMATION, REMOVAL 23b DATE Baltimore Burial 7/21/86 Baltimore Cemetery Maryland 24 Febrera DNECTOR Russell C. Witzke Funeral Homes P. A. 1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 na various - it was 1630 Edmondson Avenue, Catonsville, MD. 21228 (VRA 15, 4)

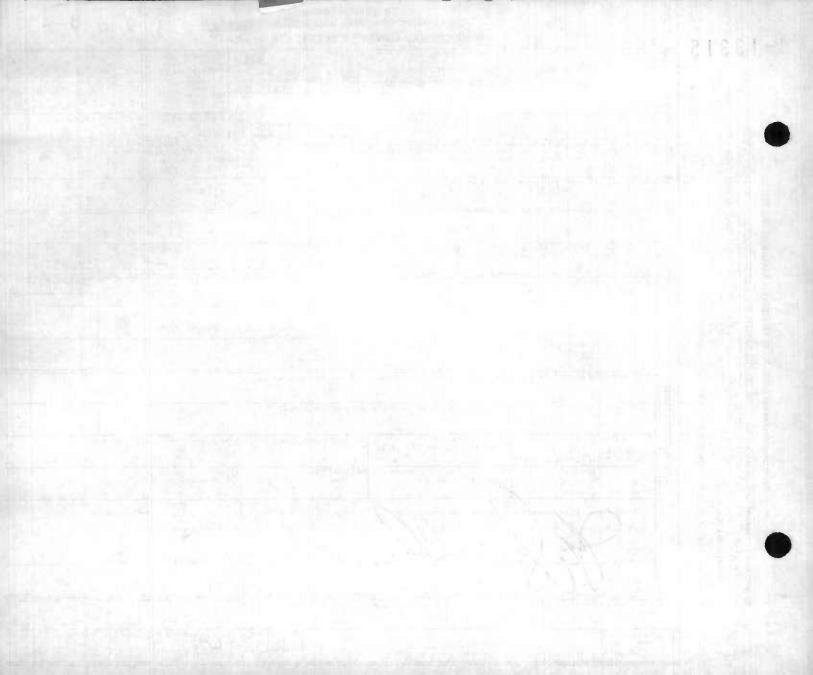
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FEMILAR PAGE AS THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	(TYPE OR PRINT)		alek, M.D.	ADDRESS	Penn St., Ba	ircinore,	Ma. 21201
	大型ダ大 <u>女</u> 型	230 BURIAL, CREMATION, REMOV.	AL 236 DATE	23c. NAME OF CEME	TERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, FOR - STATE REGISTRAR 20 DATE KNOWN 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, Wayne 1986 Fitzgerald & AGE (IN YEARS | IF UNDER TYR DAY S. DATE OF BIRTH 2d HOUR 3 SEX DATE 27 P. M LAST BIRTHDAY PRONOUNCED Black 12 29 59 26 1986 Male DEAD YRS TO BIRTHPLACE (STATE OF 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED X U.S.A. Washington, D.C. THE F PAGE 5 EFILED, V WIDOWED L DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Unemployed Baltimore South Baltimore General Hospital JLD BE ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2424 Westport Street 21201 30 STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 136 COUNTY Maryland Baltimore NO [14 FATHER'S NAME ANDDU Luby FIRST Fitzgerald Mary Dickerson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 217-70-0473 Shirley Davis 2425 Westport Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE, WEDGING" IN PENCIL IN TEM 18. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN THE ALONG WEGE 4 SHOULD BE FORWARDED TO THE CHIEF ARDICAL EXAMINER ALONG WEGE 4 SHOULD BE USED AS BURIAL-TRANSIT PERMIT TO FUNERAL DIRECTOR: PAGE 35 HOULD BE USED AS BURIAL-TRANSIT PERMIT AFTER DEFAIT, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIGR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Fatty liver and seizure disorder IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Chronic alcoholism gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY Autopsy Inspection ond in my opinion Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** DATE Chief 7/20/86 SIGNATURE MEDICAL EXAMINER E. Smialek, M.D. 111 Penn St. Balto., MD. 21201 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Md. STATE BURIAL Lansdowne. 7/24/86 Mount Zion Cemetery 07/84 250 PATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR DHMH - 17 March Funeral Homes 1701 East North Avenue (VR A15 ME (5))

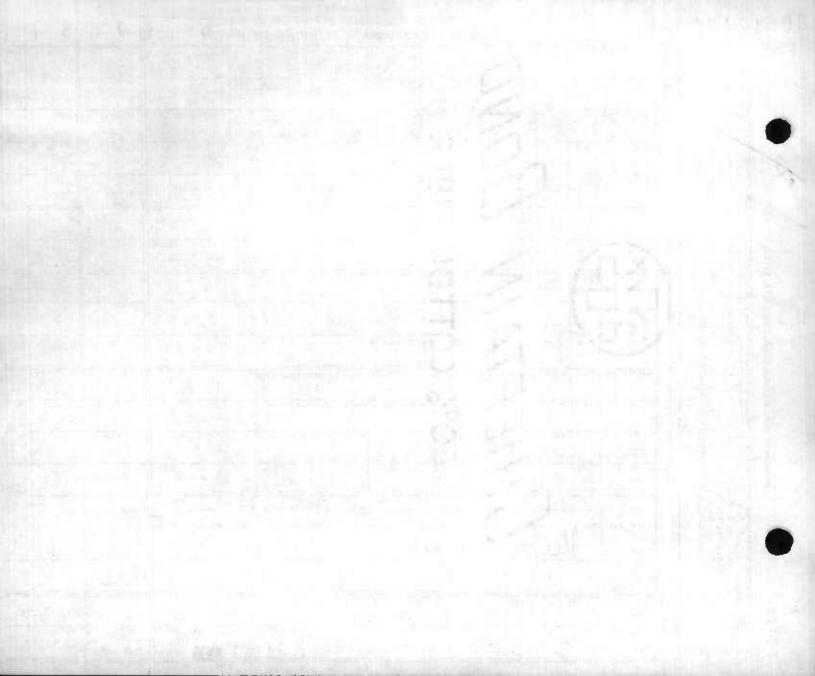


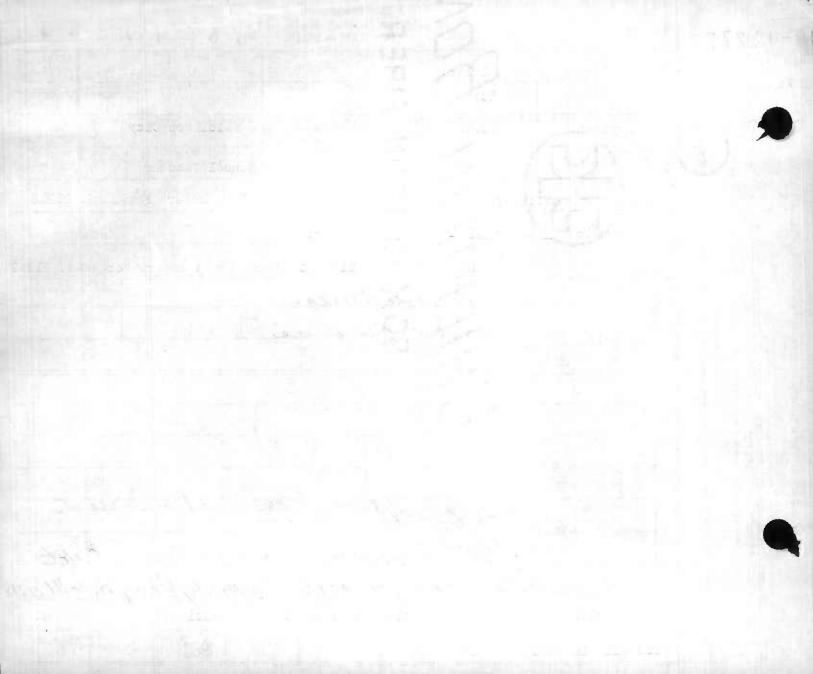
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				TYPE OR PRINT	Greco	gory R. Ka	auffman	, M.D.	_ADDRESS	111 Penn St.		
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	SAA .	DHMH - 17	24 FI	JNERAL DIRECTO	OR O	515				REC'D. BY REGISTRAR 125# REC	SISTRAR'S SIGN	
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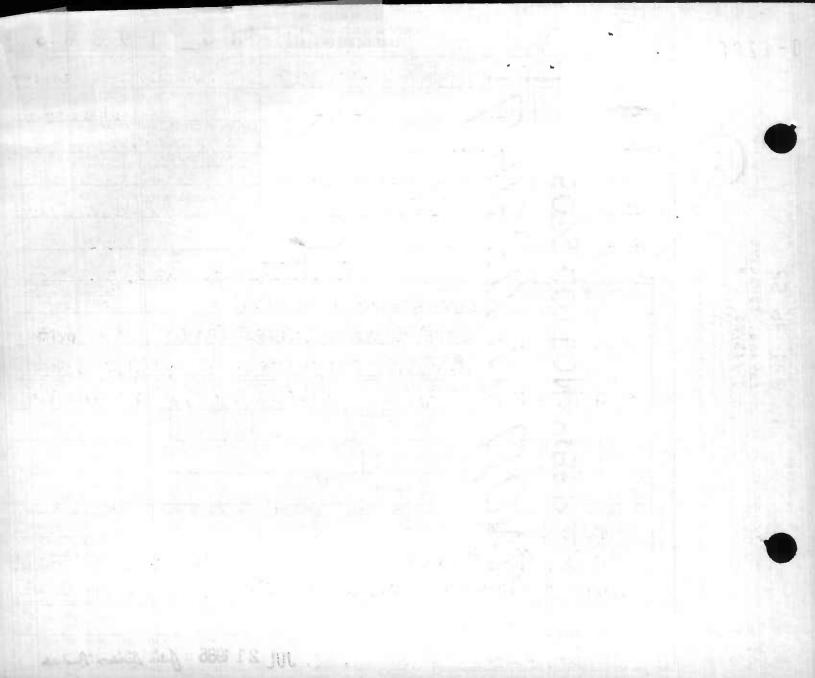
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN X MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED Eugene Flowers 8 86 19 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 5:52 DEAD 53 8 86 10 TO RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS WIDOWED [DIVORCED Marvland U.s.a. Baltimore City ID CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY TOPS TEMPORARY Baltimore University Hospital HELPER JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS YES T 225 Schroeder Street Baltimore NO [Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Flowers Walter Herring Et.he 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. 21218 IYES, NO. OR UNKNOWN) I LIE YES GIVE WAR OR DATES! 218589550 Ethel Herring 11 W.20th Street Apt.16I 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCII. IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH CHIEF ADDING WITH THE STATE DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DBALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Craniocerebral injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES IX NO [210. EXTERNAL CAUSE WAS 116. TIME OF INJURY HOUR AM MONTH DAY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR YEAR CONTRIBUTING CAUSE OF DEATH 12: 100. 8 19 86 unknown 21d INJURY OCCURRED THE PLACE OF INJURY SATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK 100 blk. N. Diamond St, Balto., street MD 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinian Accident Suicide Homicide Undetermined manner Notural couses TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 7/9/86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 73c. NAME OF CEMETERY OR CREMATORY Burial MaryTand Baltimore 7-14-86 Mount Auburn 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Wm.C.March F/H Inc. 1101 East North Avenue via Dandon Bordolle (VR A15 ME (5))





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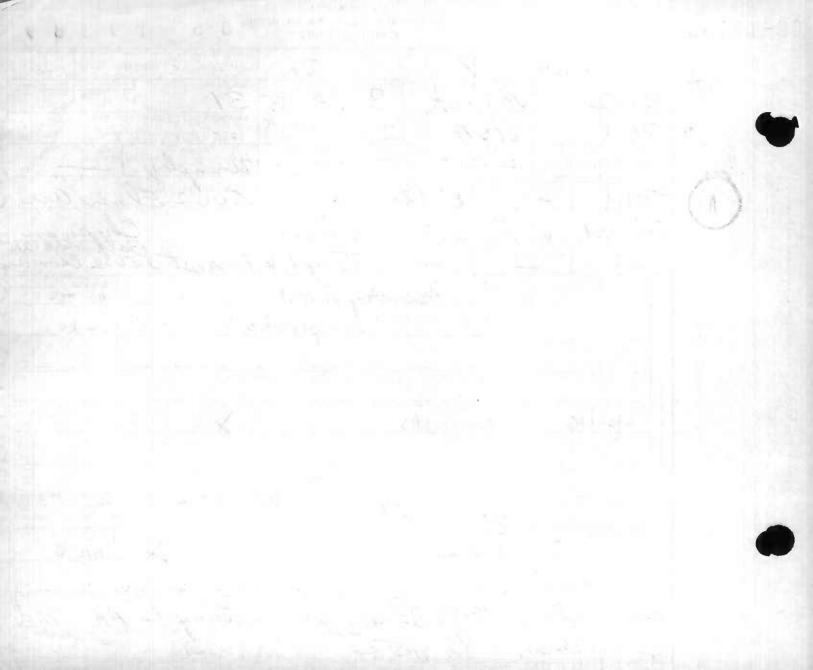


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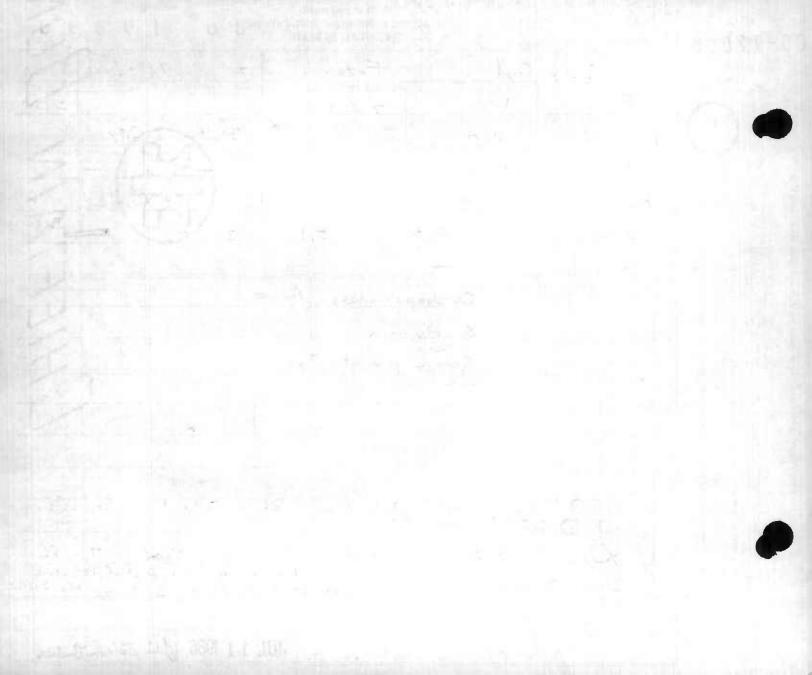
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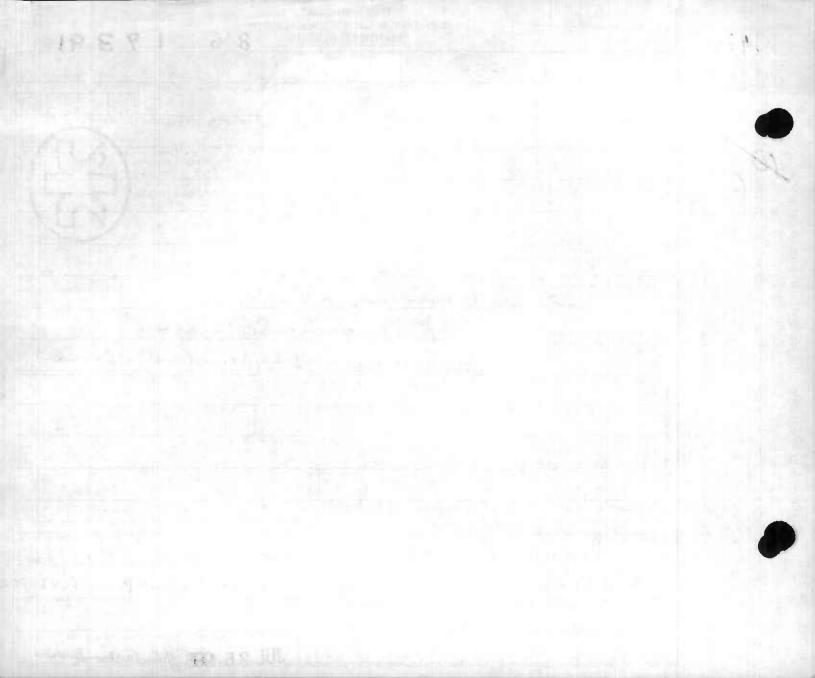
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nit. The	du Au	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	ERE FINDINGS	USED
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Se og	E		22a.1 certify that (I) (this hospi	tal) attended the decease	d from July 1	19 06			or that	(I) (we) los
TOR for u	21 is		sow the deceased alive on above, (1) (we) (did) (did no	July /2	19 55 on	d that in (my) (our) opinion	deoth occurred on the de	ite and hour and	d from the cous	es stated
hos hed ept.	E e		22b. SIGNATURE			PEGREE			22c. DATE SIGN	NED
y the	±		Merre	Nosen	,	ATTENDING PHYSICIAN [MEDICAL STAI		7/12/86	,
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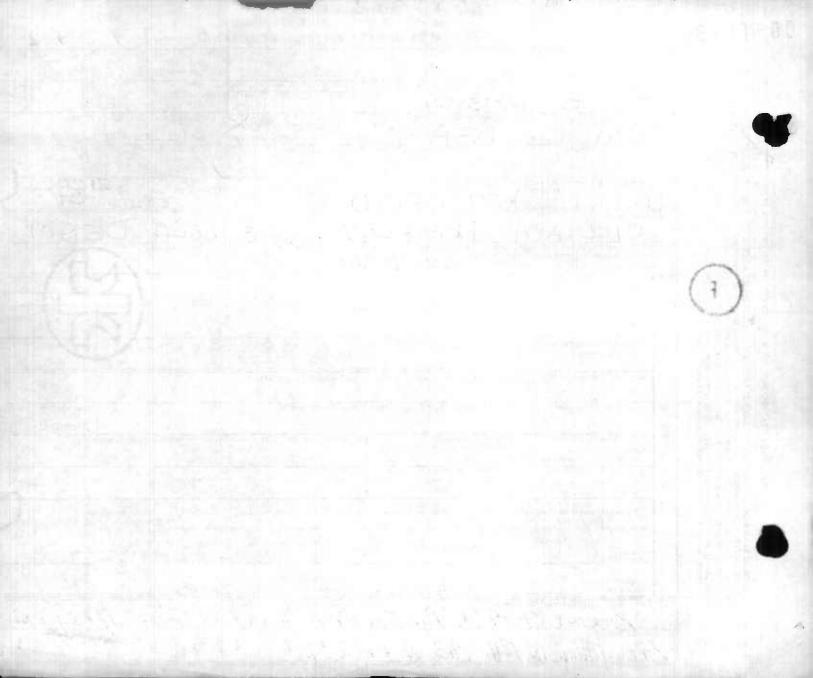
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page 3		Baby	Girl	t	· ster	7.	111186	350 Am
the p	3 SE	F	1 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	HOURS MIN,
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s offer d		Satimore	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Me-CY		R OTHER INSTITUTION	17g USUAL OCCUPATION		F BUSINESS OR
24 hour	13a :	AL RESIDENCE (IF NUR STATE)	NTY 13c CIT	Y OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 2	PRUIST	, 212/8
mpletely ond 2 sh	14. F/	THER'S NAME FIRST	WIDDIE	Foster	15. MOTHER'S MAIDEN N	Jeanette	LAS	, 212/8 Josephs
Poges 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G	RMED FORCES? 166 SOIVE WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
ow requires that the death certific been signed by the attending phy mit. Then please remove carbon prior to burial, cremation, or remony injury, or other traumatic even	ATION	Conditions, if any, which gove rise la immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO	Hyperia onsequence of rere pre	naturity NOT RELATED TO THE TER		TION GIVEN IN PART 1:0	- 22
The low interior. If has be not be n	CERTIFICATION			on which of Emails		YES NO	IN CERTIFYING CAUSES YES	OF DEATH?
CIAN:		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MC	Y ONTH DAY YEAR 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	NITEM 18 PART OR PART 2)	
IG PHYS! offending for this ce s the buri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		711 LOCATION	CITY OR TOWN	COUNTY	STATE
ATTENDIN hospital or RECTOR, af ted for use a ipt. of Health	7	220.1 certify that (1) this has saw the deceased live a above (1) we (thid) did n 22b SIGNATURE		19 <u>86</u> , ar		death accurred an the date		
by the ERAL DI Store De		22d. PHYSICIAN'S NAME (TYPE	- Walker	/	122 ADDDECC	MEDICAL STAFF DIRECTOR PHYSICIA	1 0 0	1/86
TO HOSPITAL etoined by the TO FUNERAL should be det with the Store		Dana E.	. Wollney		301 St. F	aul Place	Dept of Pea Beltimore 1	MD 21202
BP	230	BURIAL, CREMATION, REMOVA (SPECIFY) Removal	7-3-86	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION CATYOR TOWN	COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	INERAL DIRECTOR NAME Anatom	y Board	ADDRESS Balte	"11	IL 1 1 1986	REGISTRAR'S SIGNAT	



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1 m	10. C	ITY OR TOWN OF DEA	TH 11.				OR OTHER INS	TITUTION	12a USUAL OCC		12b KIND	OF BUSINESS OR
- 180 = 5 1		D-113			H FACILITY, GIVE ST					MOST OF WORKING		Balto.
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NG PHYSICIAN: The low requir outending physicion. Offending physicion. Ifter this certificate has been sign os the burnol-monst permit. Then th and Mental Hygnene prior to be orked or trem 18 shows any injury or the month of them 18 shows any injury.	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY	20b IF Y	ES, WERE FIND	INGS USED
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(VRA 15, 4)	H	ubbard Fune	eral Ho	ome, Ir	C. 410	/ WILK	ns Ave.		1250	Gula	Want don't	- Marian



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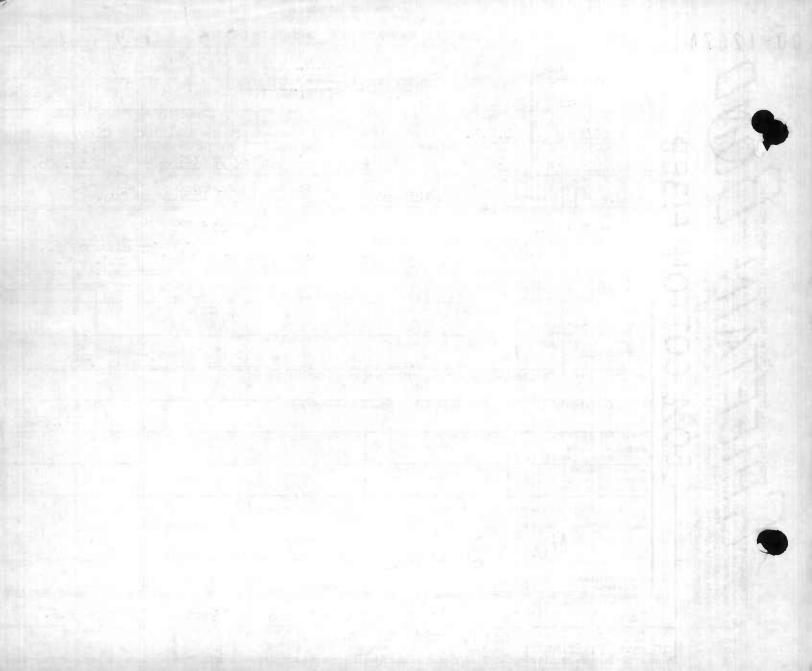
STATE OF MARYLAND

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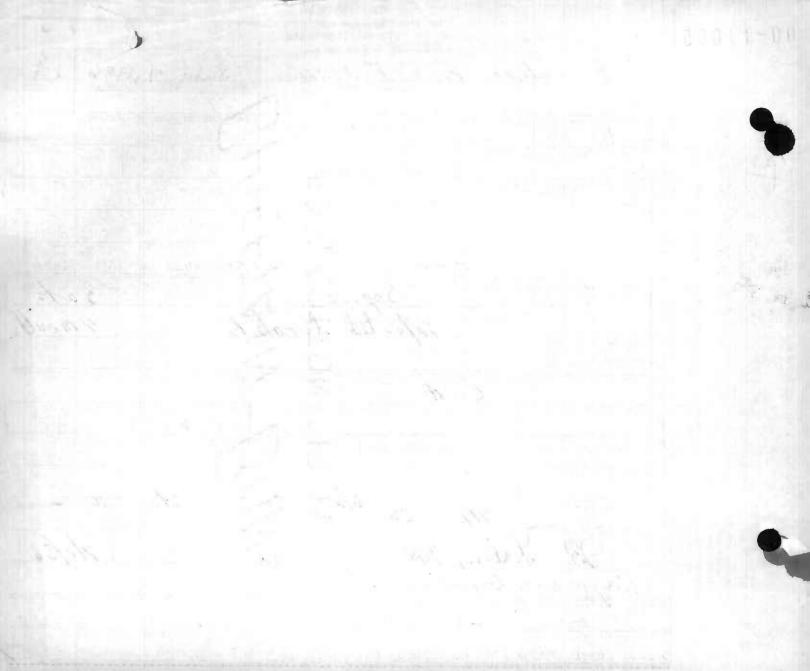
STATE

Sent Services field OCK E. T. JUL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 619 86 A. Frazer James DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 3 SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Sept. 10, 1914 86 71 YRS DEAD Male Black 19 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City, No. Carolina WIDOWED [DIVORCED X ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Pipe Fitter rear of Lake Clifton High School Elec. Co. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OF TOWN 13d. INSIDE CITX LIMITS? 3931 Ridgewood Ave. Baltimore Md. YES NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Flora McKnight Creedom Monk 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6h SOCIAL SECURITY NO 17. INFORMANT 418 ADRIETtenhouse St., NW Wash. D.C. 244-38-4853 David L. Frazier (son) No APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. ED AS A BUR HEALTH AND AL, CREMATIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? HEAD ONLY E 3 SHOULL CE E DEPARTMENT OF 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INJURY (ATHOME, 21f. LOCATION PAGE 4 SHOULD BE FORWARDED TO THE STATE DE AFTER DEATH, WITH THE STATE DE AFTER DE ANI AND 21201 B STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22g. I certify that I took charge of the remains described above, held on Autopsy Natural causes X death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 7/9/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Sampson, N.C. Clinton, Removal 7-18-86 Robinson Funeral Home 07/B4 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 246 N. Washington St. **DHMH - 17** George R. Snowden Rockville, MD 20850 (VR A15 ME (5))



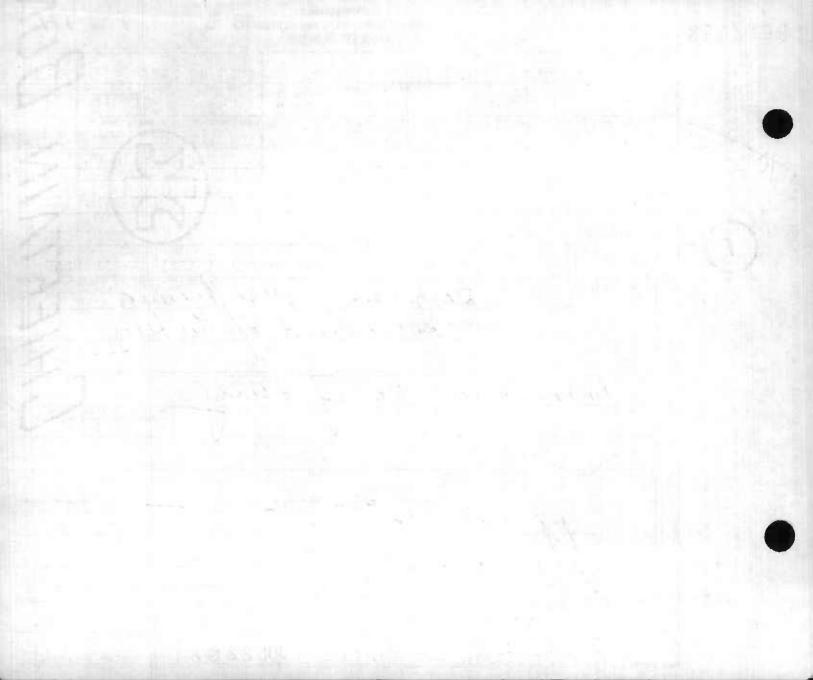
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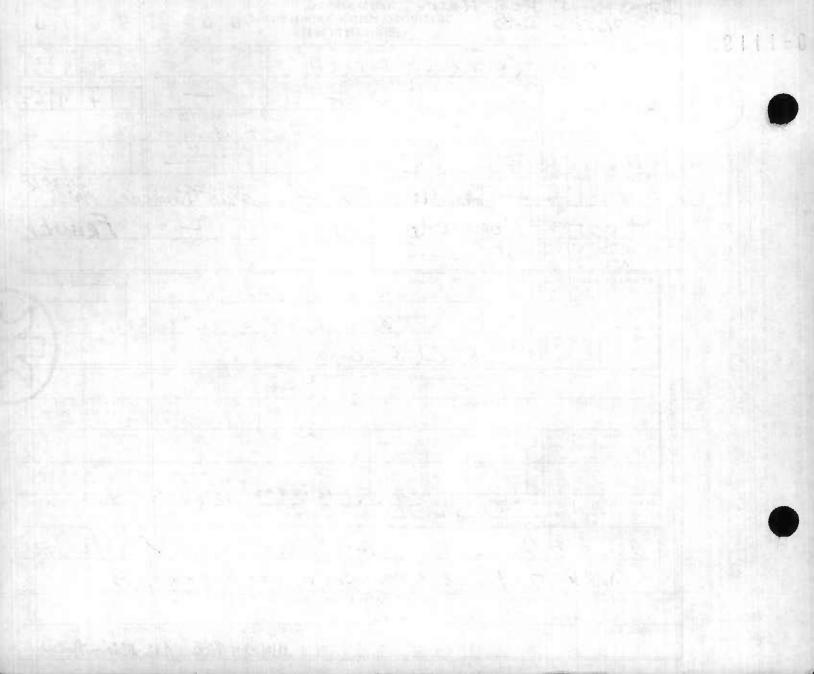


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	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAR DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2		TYPE OR PRIN	TAN (II	lliam M. 2			ADDRESS	Penn St		.o.,MD	•	
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STATE OF MARYLAND

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STATE

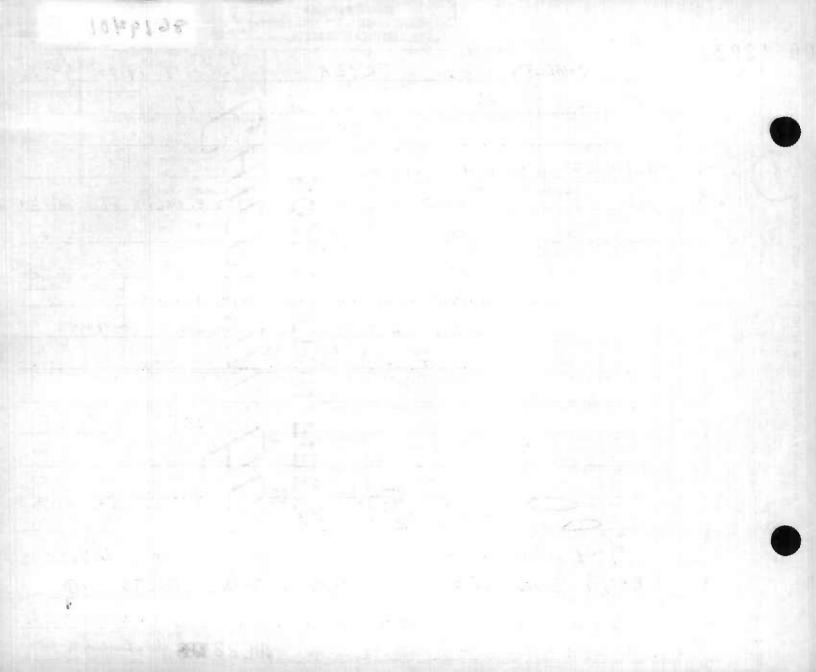
that (1) (we) lost

COUNTY

22c. DATE SIGNED

MPORTANT. shou 230, BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR 23d LOCATION BALTIMORE BURIAL JULY 10,1986 HEBREW FRIENDSHIP BP SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE who Davidson-Mondalle DHMH - 16 60M 7/84 6010 REISTERSTOWN RD. BALTO MD 21215 (VRA 15. 4)





STATE OF MARYLAND

0/ 101100

TATE EGISTRAR		DEP	CERTIFICATE OF DEATH	0 50	REG. NO		14	400
ASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
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	(TYPE OR PRINT) Mathe	m	FRISBY	712	86 10:55 A
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1	Maryland Baltin	13c CITY OR TOWN	YES NO X	7807 W. Collingh	21219 am Drive Apt.(
0	Luther	Owens	Mattie	WIDDLE	Oungb lood
7		AR OR DATEST		2409 Lodge Farm	Road
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7	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING			20a AUTOPSY? 20b. IF YES, N	WERE FINDINGS USED NG CAUSES OF DEATH? NO NO
1	OR CONTRIBUTING CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART	T I OR PART 2)
	21d. INJURY OCCURRED ALLE NOT WHILE ALWORK	RITHPLACE (SLATE OR FORFORM) A RACE		CITY OR TOWN	COUNTY STATE
	saw the deceased alive on above, (1) (we) (did) (did not vi	July 12 1986	. 17	deoth occurred on the dote and hour o	, that (I) (we) lost and from the couses stated
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DIVISION OF VITAL RECORDS, 201 W.

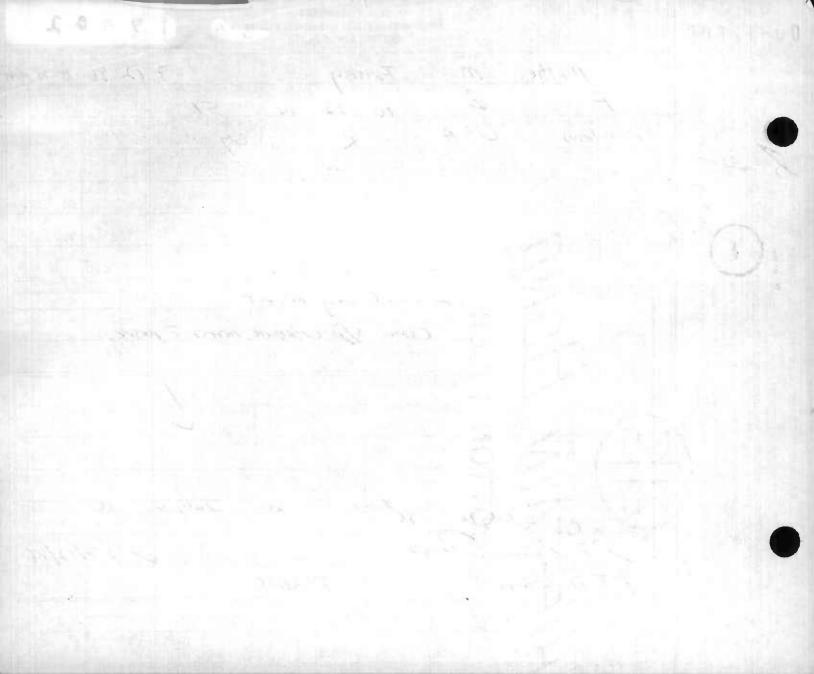
DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL BURILAL 23b. DATE 7/17/86

23¢ NAME OF CEMETERY OR CREMATORY Holly Hill Cemetery 23d. LOCATION Baltimore,

STATE

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue 250 DATE REC'D. BY REGISTRAR 256 REGISTRAD'S SIGNATURE



		-	FOR			TE OF MARYLAND						
12010		1.	STATE REGISTRAR			HEALTH AND MENTAL HYG	8 0	19403				
13040			CEASED NAME FIRST	MIDDLE		LAST	REG. NO.	NTH DAY YEAR 26. HOUR				
oth 3		[TYP]	ORPRINT) HEMBY T.	FULKOSKI			TITE	Manager Street Land				
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de de	2//	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126, KIND OF BUSINESS				
s ofte	10	Ba	altimore City	St. Agnes H	ospital		TYPE OF WORK FOR MOST OF WO Blacksmith	RKING LIFE) INDUSTRY Railroad				
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24 See				,	outus	YES NOW		Sp. Rd. 21227				
F 52	1	14 F/	ATHER'S NAME	WIDDIE		15. MOTHER'S MAIDEN NA	ME					
Page 6	20	He	erman Fulkoski	WIDDLE	EAST	FIRST	MIDDLE	LAST				
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red rate	D		IMMEDIA	ATE CAUSE (a)		1						
end in, c	2			Conditions, if ony, which () Aftheroscleratic Cardierascular disease								
de de	rtrour		Conditions, it ony, which gove rise to immediate	(b) A41	1003018701	L CAPOTOTASC	THE WISERSE					
by the	Ď		cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF							
4 6 6 6	5		enderlying coose last	(c)								
signe signe hen p	, A	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BL	T NOT RELATED TO THE TERM	1 / 1					
e		CERTIFICATION	rulon or			cinoma head						
low erm e pr		FICA	190 DATE OF OPERATION	196. CONDITION FO	/	ON WAS PERFORMED		LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?				
The The Sit p		RTI	1/17/186	Javn	U	ostructive)	YES NOW	YES NO				
AN: TI shysical ficate transif I Hygi	0		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	116. TIME OF INJURY	NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)				
SICIA 29 ph certifi rrial-tr ental		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19							
	5 /	de de	21d. INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR TOWN	COUNTY STAT				
otter brenth	L WC	~	AT WORK NOT WHILE AT WORK		AT, OTTICE, TARM ETC.)							
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ATTEN Spirol SCTOR d for a	7		sow the deceased alive or above. (1) (we) (did) (did no	n July 18 ot) view the body alter dea	19 86	and that in (my) (our) apinian	death occurred on the date a	ind have and from the causes state				
8 4 8 5 5 5	5		22b. SIGNATURE	/ t	2111.	DEGREE		22c. DATE SIGNED				
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SPITA SPITA			22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	J DIRECTOR PHYSICIAN	21/1/00				
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of of short	+	230 5	SURIAL, CREMATION, REMOVAL	L 23b DATE	122 NAME OF	CEMETERY OR CREMATORY	In LOCATION					
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BP				7/21/86	Loudon	Park Cemetery		City, Maryland				
DHMH - 16 60M 7	/B4		JNERAL DIRECTOR		ADDRESS	111	E REC'D, BY REGISTRAR 25	REGISTRAD'S SIGNA PRESENTA				
(VRA 15, 4)		Ar	mbrose, Inc. 132			7 30	L Z 1 1900 190	and the same of .				

0-11278	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	194	0 4
7 7 1		CEASED NAME FRST . OR PRINT)	T. 61	AKLAND	7	-26-86	1316 PM
94 4 #0 94 4 #0 94 94 #1	1.5E	Female	Black	5. DATE OF BIRTH MONTH DAY 10-18-99	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	HOURS MIN.
3		RTHPLACE (STATE OR FOREIGN OUNTY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city of	C +	MD
9	10 CI	or town of DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION ADDRESS)	Home		OF BUSINESS OR
I KE	1	TATE WAS COM		TIM INSIDE CITY LIMITS?	13. STREET ADDRESS	SSuth St	21229
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of by the lease removed common or other removed.		couse (a), stating the underlying cosne list.	DUE TO, OR AS A CONSEQUE	LETE HEN	ear be		reor
ORDS, 2	ATION	Clorori	c hours	OPERATION WAS PERFORMED	AINAL DISEASE OR COND	206. IF YES, WERE FINDIN	
TALREC	CERTIFICA	7 a ACCIDENT WAS UNDERLYING	OMAL A	1/ 65	DEST NOT	IN CERTIFYING CAUSES YES	
N OF VI	CAL	OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH DA	AY YEAR 19 211 LOCATION	LENTER MATURE OF INJUR	TIN IIEM TE PART TOMPART ?)	1
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DEGREE

131 NAME OF CEMETERY OF CREMATOR

22e ADDRES

DHMH - 16 50M 4/83 (VRA 15, 4)

236 DATE

224 PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

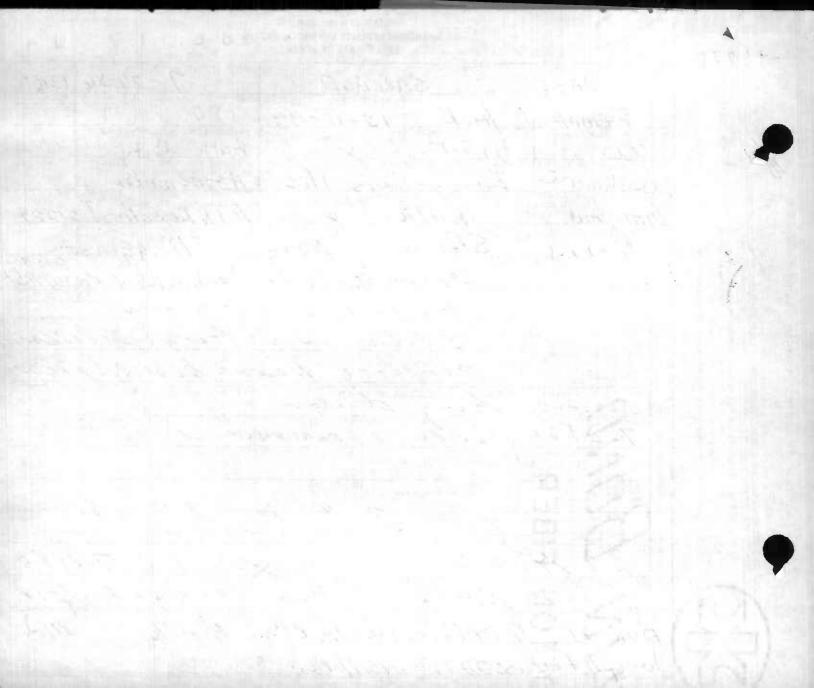
REGISTRAR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNED

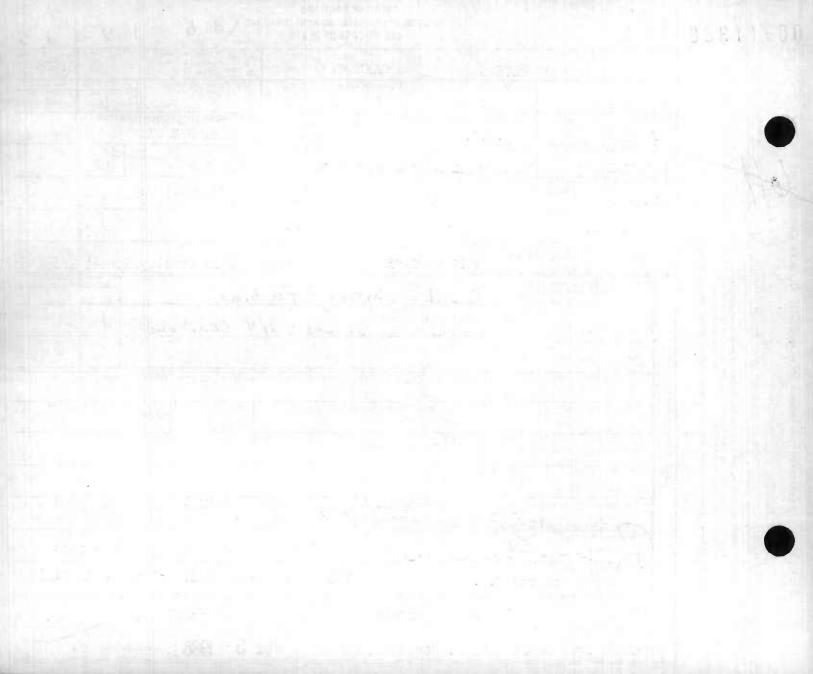
COUNTY

, and that in (my) (our) apinion death occurred on the date and hour and fram the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN



					SIAI	E UF MAKIL	AND				
11386		FOR STATE REGISTRAR			CERTIF	ICATE OF I	MENTAL HYG DEATH	REG. N		9	4 0 5
		CEASED NAME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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po ter o	3. SE	X	4 RACE		S. DATE C		45.10	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	
urs of		Male		lack	5	27	24	59	YRS	ONINS DATS	HOURS MIN.
1 C 20 5		RTHPLACE STATE OR FOREIGN		WHAT COUNTRY	? 8. MARRIE	NEVER	MARRIED -	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
and	M	Aryland	U.S.		WIDOWE	D D	NORCED [BALTIMOR	E CITY		MD
T Bear	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INS	TITUTION	120 USUAL OCCUPATI	ON THE	126. KIND C	OF BUSINESS OR
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4 20 C	13a.	AL RESIDENCE (IF NURSING HOME) TATE 13b. CO				13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
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	14. F	THER'S NAME	WIDDLE	LAST	63.00		S MAIDEN NA	ME		141	C1
-00		Andrew		Garland		0ct	avia	MIDDLE		Mill	er
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100		18 CAUSE OF DEATH (Ente	r only one couse pe	er line for (a), (b), o	ind (c+.)		l-m				ONSET AND DEATH
		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)	Cardi	out	Shan	ta;	lure			
ic a di		IVACACE C				d			4-4-1		
out.		Canditions, if ony, which		or as a consequence		Squar	2925 CI	ell Chour	02-6		
5 1 1		gave rise to immediate couse (a), stating the)			7		71 \(\cdot \cdo	~		
of the	100	underlying cause last	DUE TO, O	OR AS A CONSEQ	UENCE OF						
n ple ourial y, or	13	PART 2 OTHER SIGNIFICAN	NT CONDITIONS (CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0 '
2000	CERTIFICATION										100
1111	\S	190 DATE OF OPERATION	19b CONI	DITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDS	NGS USED OF DEATH?
4 1 1	1 =							YES NO	YES		NO 🗌
0 ± m		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	Linus .	OF INJURY	DAY YEAR	21c. HOW IN	IJURY OCCUR	RED (ENTER NATURE OF INJU	EY IN ITEM 18 PA	RT OR PART 2)	
tem 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM	DEMIN	P.M.	19						
o w bo	9	21d INJURY OCCURRED		E OF INJURY	EARLA ETC.)	21f LOCATIO		CITY OR TO	WN	COUNTY	STATE
s the	2	AT WORK AT WORK	TAT HOME S	THEET, FACTORY, OFFICE	PARM, CICY						
eoft.		22a I certify that 🎘 (this he	aspital) attended t	the deceased from	June	28	19 86	July I			that X (we) last
of H 21 is		sow the deceased alive	on July	19_	86 , ar	nd that in (my)	(our) opinian	deoth accurred an the de	ate and hour	and fram the	causes stated
hed ten		THE SIGNATURE	Charles Interior	y arier death.		DEGREE				22c DATE	SIGNED
etoc F		Kanin	A.				ATTENDING PHYSICIAN	MEDICAL STAI		7/1	/86
Stole		7M PHYSICIAN'S NAME (TO	TE CHENNY	a, M	1)	1220 ADDRES	SS			-	
with the State	- 3	Rayer Si	narma M.I).		3900	Loch R	aven Blvd.	Baltim	nore Mc	21218
5 € 3 ₹	23a	BURIAL, CREMATION, REMOVE	AL 23b. DATE			EMETERY OR		236. LOCATION			
		BURIAL	7/7/	86 G	arriso	n Fore	st VA	Owings M	ills,	COUNTY	Md . STATE
16 60M 7/84		JNERAL DIRECTOR			30.00	VEL E	25a. DAT	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAL	TURE COR
RA 15, 4)	M	arch Funeral ∣	Homes 110	Ol E. Nor	th AVe	nue	JU	L 3 1986	Julia D	widter-	URE CONSTRUCTION



1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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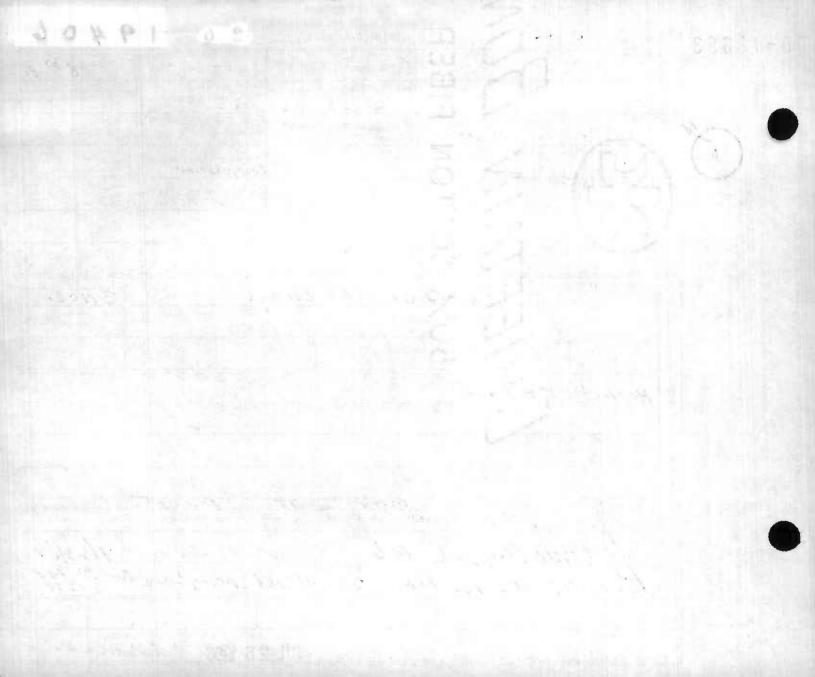
REGISTRAR		CERTIFICATE OF DEAT	18	EG. NO.	1 1 1	
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DE	ATH MONTH DAY	YEAR 26 HOU	
(1YPE OR PRINT) Edwa	rd A.	Garmatz		22,1986	83	PM
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS	LAST BIRTHDAY) IF UN	DER I YEAR IF UNDER	R 24 HRS
Male	White	2 07 0	03 83	YRS		MIN.
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARR	9 BALTIMORE	ITY OR COUNTY OF	DEATH	
Balto. Md.	MZN	WIDOWED DIVORC		timore Cit	У	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES	URSING HOME OR OTHER INSTITUT STREET ADDRESS)			26 KIND OF BUSINE	ESS OR
Baltimore	2210 Lake		Congress.	MAN	REtired	
USUAL RESIDENCE (IF NURSING HOME 136 STATE 136 COL			MITS? 130 STREET ADD	RESS / ZIP CODE		
MD.	Baltin	more YES 🛛 NO	□ 2210	Lake Ave	21213	
14 FATHER'S NAME	MIDDLE (AS)	15 MOTHER'S MA		DDLE	LAST	
Herman Fred		Mari		ring	CASI	
160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL	SECURITY NO 17 INFORMANT		ADDRESS		- 3.7
(YES, NO OR UNKNOWN) (IF YES, C	216-0	1-4390 Ruth T.	Garmatz - 22	10 Lake	Ave 2	21213
18 CAUSE OF DEATH Enter	only one couse per line for 101, (b	ol, and ic			APPROXIMATE INTER	RVAL DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (0) (ARCU	verna of Ret L	ung.		3 MOS.	,
Conditions, if any, which	DUE TO, OR AS A CONS	SECUENCE OF				
gove rise to immediate	1b}					
cause (o), stoting the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF		E BUYER		
DART 2 OTHER SIGNIFIC AND	(c)	G TO DEATH BUT NOT RELATED TO 1	THE TERMINIAL DISEASE OF	CONDITION CIVEN	INI DADT 1	
	1 1	STO DEATH BOTH OF RELATED TO	THE TERMINAL DISEASE OF	COMPINON OIVEN	N PART NO	
Metrs feses 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORME	D 200 AUTOPSY	? 20b IF YES, W	ERE FINDINGS USE	D
DE .				IN CERTIFY IN	G CAUSES OF DEAT	TH?
21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	121c HOW IN ILLEY	YES NO	YES _		
OR CONTRIBUTION TO CAMER OF S	THOUSE A MA MONITUR	DAY YEAR	OCCORNED TENIER NATURE	OF INJURY IN HEM IS PART !	OKPARIZ)	
OK CONTRIBUTING CAUSE OF D		19				
21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	FFICE FARM ETC.) 211 LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
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	pitol dittended the deceased fr	61	7.3, 10	. 19	, that (I) (
	not knew the body ofter death		apinion deoth occurred or	the date and hour one	d from the couses sto	oted
22b. SIGNATURE	1, 1	DEGREE	NDING MEDICAL	STAFF	221. DATE SIGNED	101
Minn	Maynel	PHYS	SICIAN DIRECTOR []	PHYSICIAN 🗌	7/23/0	160
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LIEROME	KOEPPEL	MD 327 M	Cold Sprin	y come n	21211	5
230 BURIAL, CREMATION, REMOVA	AL 236 DATE	23¢ NAME OF CEMETERY OR CREM	AATORY 230 LOCATIO	N CO		STATE
Entombment	7-25-86	Parkwood Cemeter	ry I	Balto. Md.		

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

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John C. Miller Inc.-6415 Belair Rd.-21206

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



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should be detained with the State (FUNERAL

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME EIRST MIDDLE LIYPE OR PRINTS JAMES JULY 18, 1986 GARRETI IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER TEMPS 15 25 **Black** 19 Male 61 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED (NEVER MARRIED U.S.A. BALTIMORE CITY. Maryland DIVORCED [WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Mail Handler 1633 EAST 25th STREET INDUSTRY BALTIMORE POstal 13g STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 1633 East 25th Street 21213 Maryland Baltimore YES XT NO I 4 FATHER'S NAME MIDDLE Helen Cole James Garrett **ADDRESS** 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-20-3793 Faith Garrett 1633 East 25th Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 70m AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [YES [710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 71d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET AT WORK NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from. saw the deceased olive on abave, (I) (we) (did) (d not) view the bady after death and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated 22b. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d, PHYSICIAN'S'NAME (TYPE OF PRINT) 22e ADDRESS MORRISON.

23¢ NAME OF CEMETERY OR CREMATORY

Garrison Forest VA

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue

7/23/86

73b DATE

23g. BURIAL CREMATION, REMOVAL

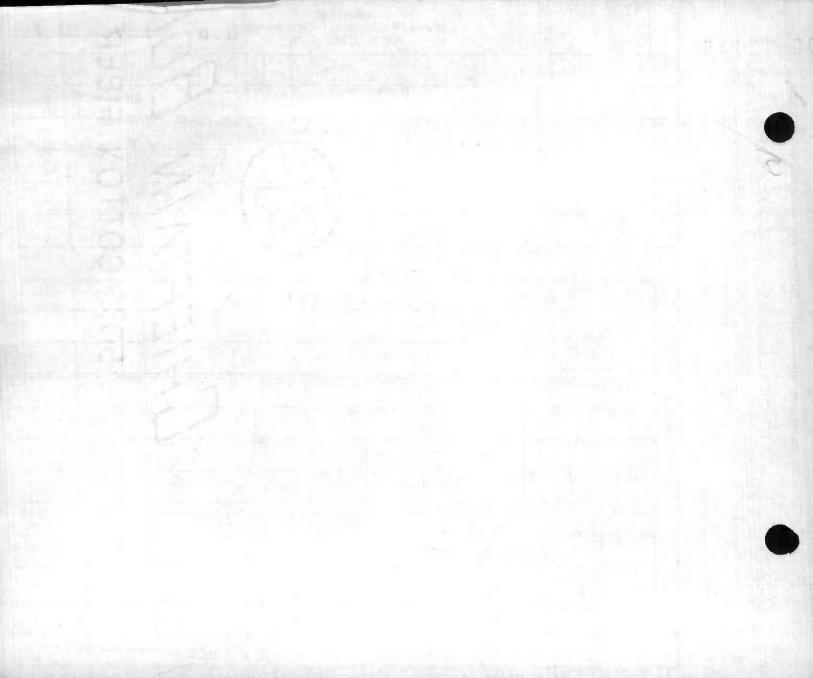
BURIAL

OwingsMills, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

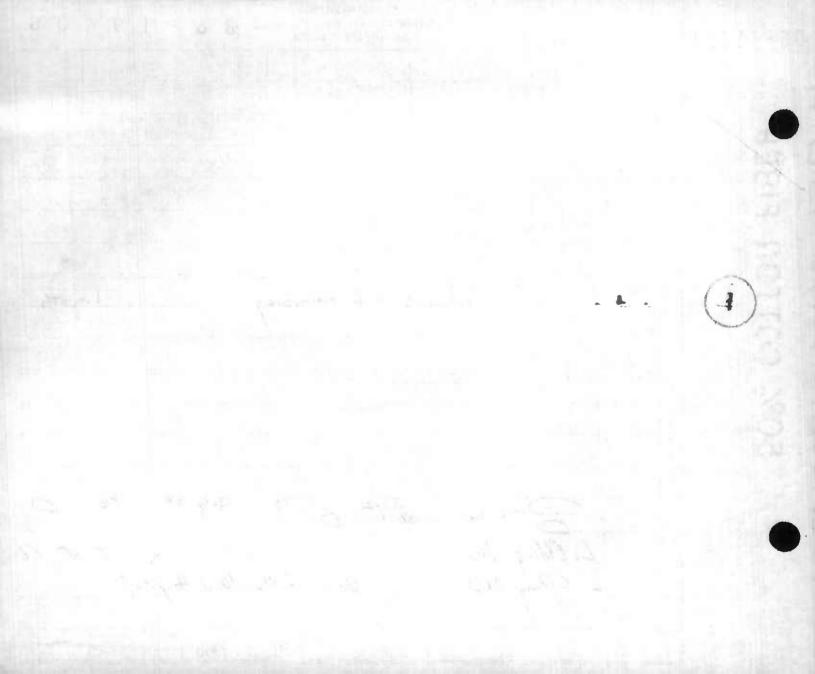
COUNTY

STATE

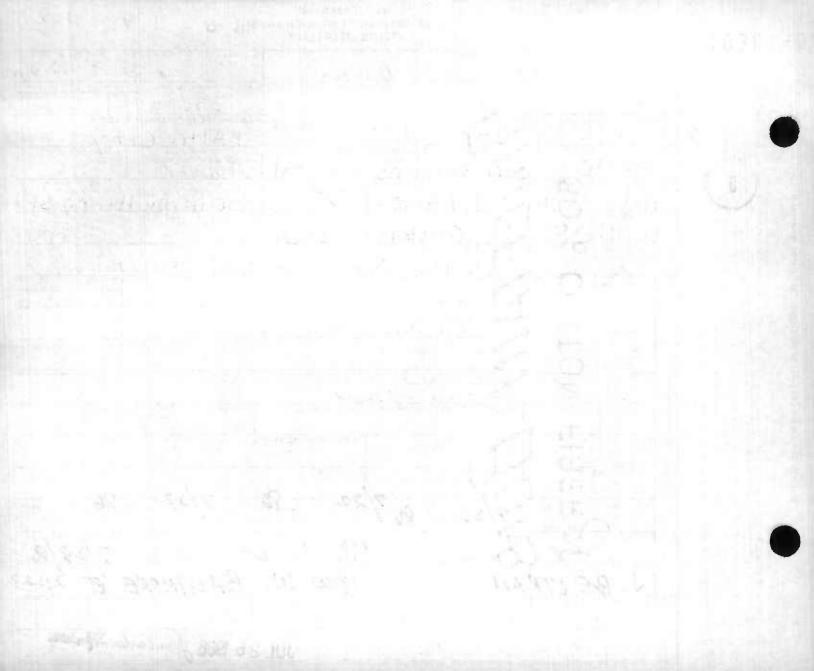
23d LOCATION



							STATI	E OF MARYL	AND					-02	
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				CEASED NAME FIRST	0.00	WIDDLE	1	AST		2e. DATE OF D	EATH ~	AONTH [DAY YEAR	2b. HC	OUR
pe	page 3 r death		1	ISAAC			GARRI	S			7	29	86		М
mom	. po		3 SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEAR	RS LAST BIRTH	DAY)	IF UNDER 1 YEA	R IF UND	ER 24 HRS
- 40	200	/		Male	Bla	ack	7	15	39	47		YRS	DAT:	HOURS	MIN.
2	22 /0	,-		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	8 AAA PRIE	D NEVER A	MADDIED X	9 BALTIMORE		COUNTY			
1	/ /	1		S.C.	USA		WIDOWE		NORCED	Bal	timor	e Cit	y		MD.
11	11 8	, gra	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INST	TITUTION	12ª USUAL OC	CUPATIO		126 KIND		NESS OR
8	110	X.)	Balto.	611	Bridgevie	ew Rd.			Const			Arun		Corp.
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70	alog (a	A.		Powell 1		arris			eadus		WIDDLE	Betr		ASI	
eco				AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	ANT		ADDRES		3113		J. Marie
9	Pog	1	1	O OR BINKNOWN)	INE WAR OR DATES!	248-68-4	697	Linda	a Garri	s 49	Sern	ens (Ct.		
ote b	M	1		18 CAUSE OF DEATH (Enter of	anly ane cause pe	er line for (p), (b), a	nd ic						APPRO BETWEE	DXIMATE INT	TERVAL ND DEATH
. Tufice	561)			PART I, DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Probab	le G	I m	alignano	4				MON	11
ë						or as a conseou	ENCE OF		1	1	70				
Geo	1 2 2 2			Conditions, if any, which	((b)_				43773						
NG PHYSICIAN. The low requires that the death certificate be executed within 24	by the second			gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	or as a conseol	IENCE OF								
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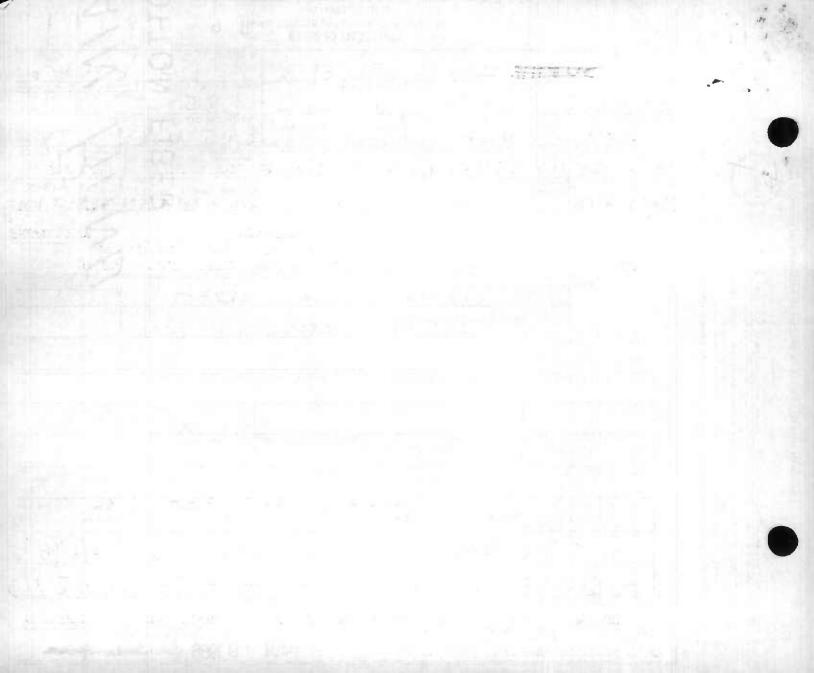


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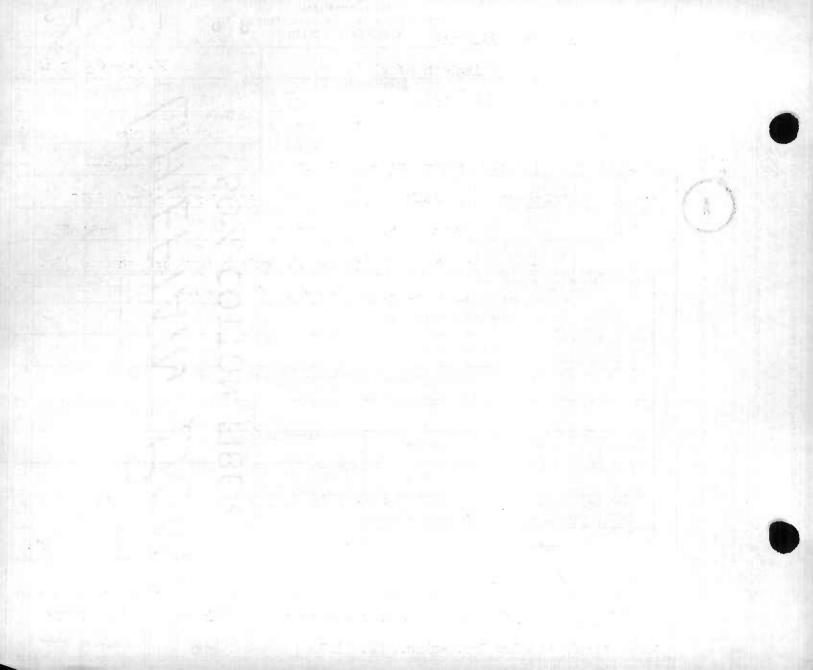
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(VRA 15, 4)

STATE OF MARYLAND

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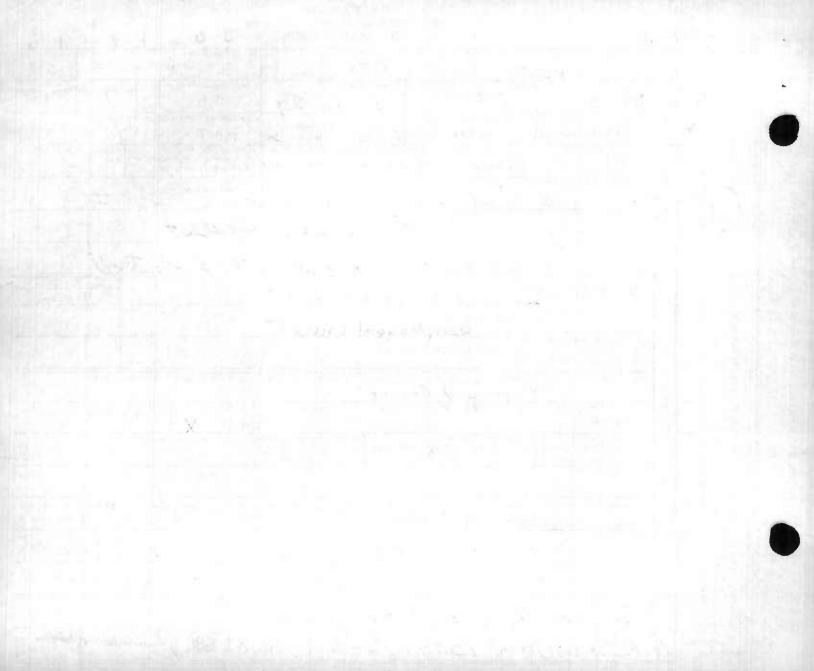


STATE OF MARYLAND

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DR he		226 SIGNATURE Plul	is Kien MJ	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 7/30/80
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or or under		sow the deceased alive on above, X (we) (did) (di XX	July	7.5 19_	86on	d that in (ng (our) opinion	death occurred on the	date and hour and fro	om the couses stated
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D HO		Timothy L	OW, M.D			c/o Maryla	nd General	Hospital	
5 5 5 3 3	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		

item 3 film g 617 7-23-86 I STATE OF MARYLAND

FOR - STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24. FUNERAL DIRECTOR Wm.C.March F/H Inc. 1101 East North Avenue

7/21/86

Maryland National

Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CITY OR TOWN

Laurel

126 KIND OF BUSINESS OR

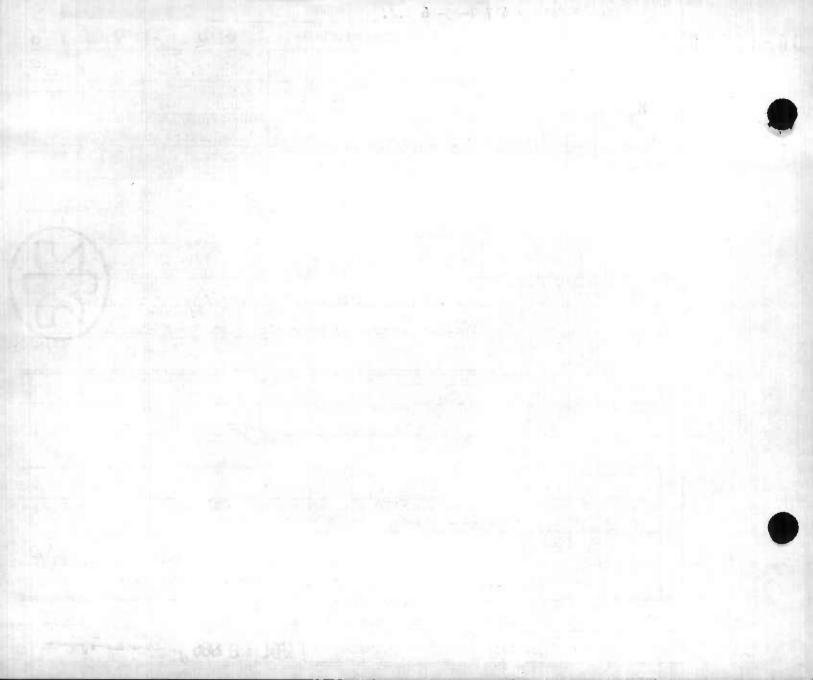
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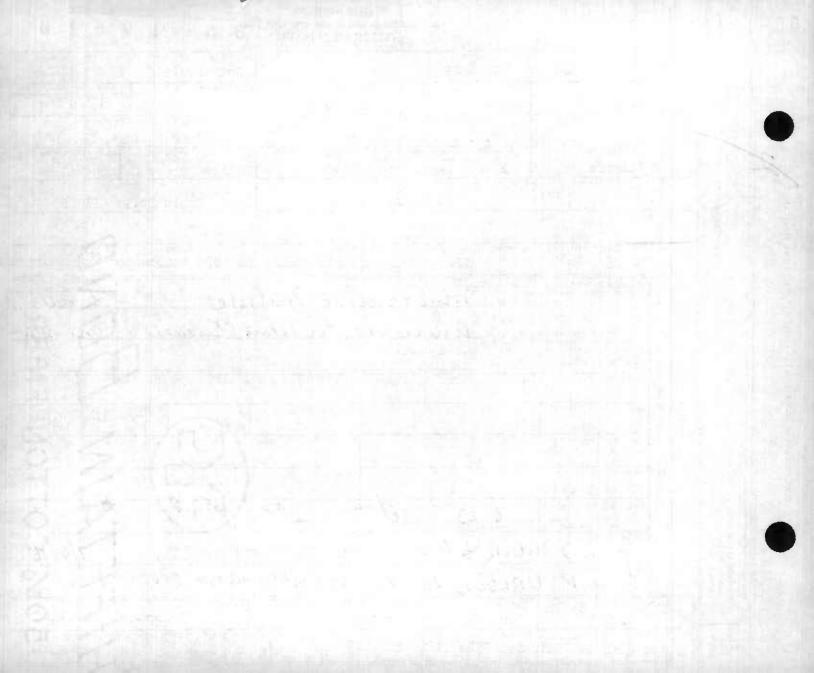


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0	3 SE		4 RACE		5. DATE OF		6 AGE	IN YEARS LAST BIRTHDAY	MONTHS DATE	AR IF UNDER 24 HRS
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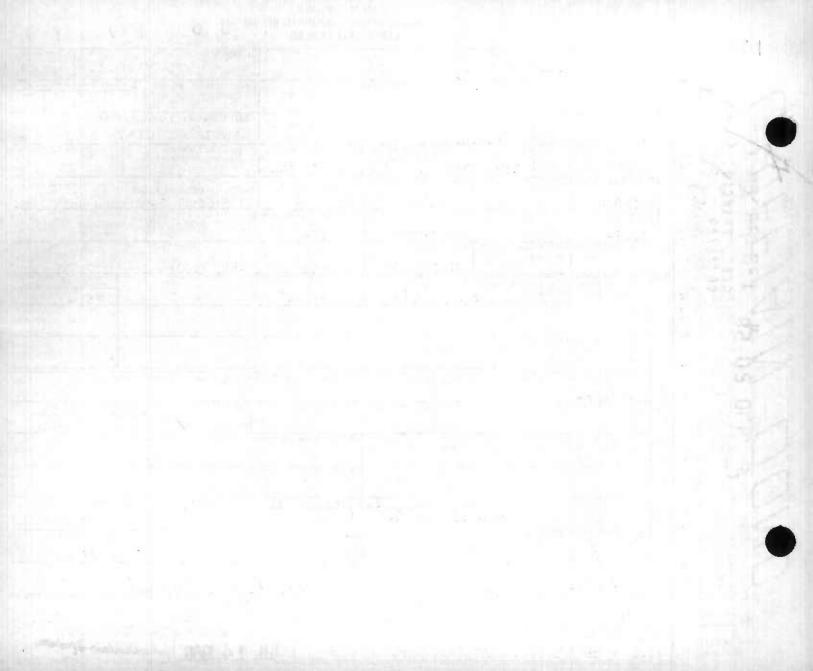
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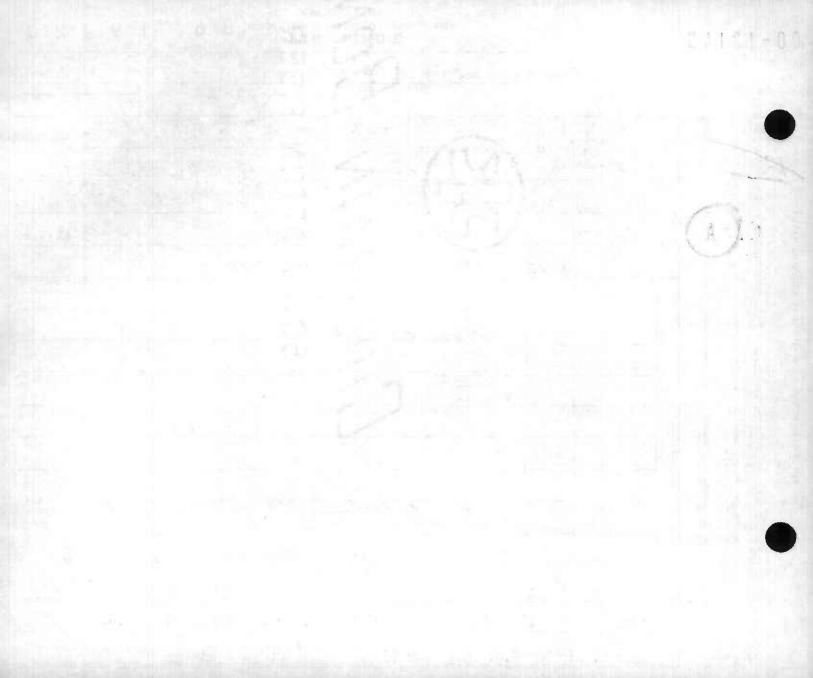
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ed within 24 hours	13a M.	AL RESIDENCE (IF NURSING HO STATE aryland 13b (ATHER'S NAME FIRST	OME OR OTHER INSTITUTION COUNTY MIDDLE	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltimo	/N	134 INSIDE CITY LIMITS? YES 1 NO 1 15 MOTHER'S MAIDEN NAM Mary	13e STREET ADDRESS 2868 Eagle	St., 21	1223 LAST
Poges Poges medical	16a)	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU 230 07 9		17. INFORMANT Eddie Gilles	oie 8890 Stor	chwood Dr	763 Savage Mo
equire; that the death ce in signed by the attending Then place remove carbo or to becall cereation; or in injury, at attent traymoris,	NOI	Canditions, if ony, whii gave rise to immedio cause (a), stating the underlying cause land	te he DUE TO, O	anders R AS A CONSEOU	ENCE OF		A Diseus		ne year
The for-	CERTIFICATI	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIN			OPERATIO	N WAS PERFORMED	YES NO	LIF YES, WERE FIN CERTIFYING CAUS YES	SES OF DEATH?
DNG PHYSICIAN of offending physics After the centificate as the buriel trail and had shread in	MEDICAL CI	OR CONTRIBUTING CAUSE. CIF EITHER NOTIFY MEDICAL EX. 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this	OF DEATH AMINER) P. 21e. PLACE (AT HOME, STR	M. MONTH D. M. OF INJURY EEET, FACTORY, OFFICE, F	19 SARM, ETC)	211. LOCATION STREET	ED (ENTER NATURE OF INJURY IN CITY OR TOWN	COUNTY	STATE , that (i) (***) last
HOSPITAL OR ATTENTIONAL OR ATTENTIONAL OR ATTENTION OF THE CONTRACTOR CONTRACTOR OF THE CONTRACTOR OF		saw the deceased aliabove, (1) (week (did) (d	ve on did natiview the bady Ullich (TYPE OR PRINT)	23 19	5	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c, DA	the couses stated ATE SIGNED 7/6/16
BP		BURIAL CREMATION, REMO SPECIFY) Burial	July '	7,1986	restl			loward UNITY Ma	-
DHMH - 16 50M 1/B1 (VRA 15, 4)	In	c 4112 old	Y H Witzk	e & Famil ke ellic	Yt Fun	eral Home ^{25a} DATE ty	REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGN	MATURE

CTATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR MYPE OR PRINT $2:45_{M}^{A}$ FRANCES 10,198 GIST JULY B. 1. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 120 56 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED K COUNTRY BALTIMORE WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 21213 TAC CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Baltimore NO [1715 North Patterson Park Ave. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE FIRST Ellis Wilkes Dora West ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) 247325844 Yvette White 2442 Callow Avenue 21217 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: arrest Z IMMEDIATE CAUSE (0) et. 恕 DUE TO, OR AS A CONSEQUENCE OF Ď. Canditions, if any, which Dia. gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF A. underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIL YES [NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR M OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION Z (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE 0 AT WORK Z 220 I certify that (1) (this hospital) attended the deceased from saw the deceosed alive on. and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the bady offer death 国 CO 226 SIGNATURE DEGREE 22c. DATE SIGNED 成 MEDICAL 7/10/86 [12] PHYSICIAN DIRECTOR PHYSICIAN P 22d PHYSICIAN'S NAME 22e ADDRESS [4] 23a. BURIAL, CREMATION, REMOVAL 23(NAME OF CEMETERY OR CREMATORY 23b. DATE 73d LOCATION Burial ITY OR TOWN COUNTY 7-18-86 Mount Moriah Cemetery Chester 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Davida Wm.C.March F/H Inc. 1101 East North AVenue (VRA 15, 4)





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Burial Baptist Church 24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue

7/28/86

23b. DATE

230 BURIAL, CREMATION, REMOVAL

Pamplico

YES [

COUNTY

36

221 DATE SIGNED

26 HOUR

12h KIND OF BUSINESS OR

BETWEEN ONSET AND

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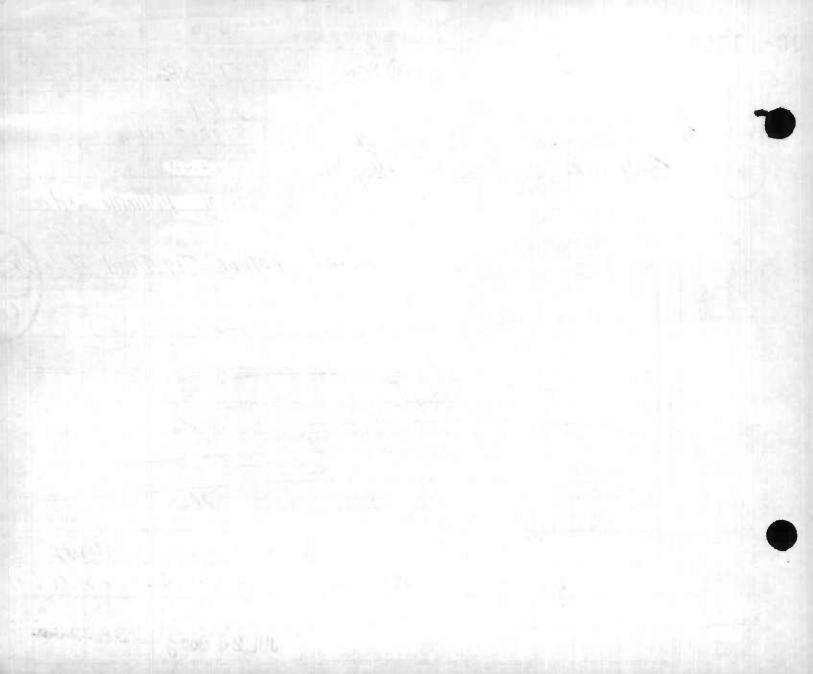
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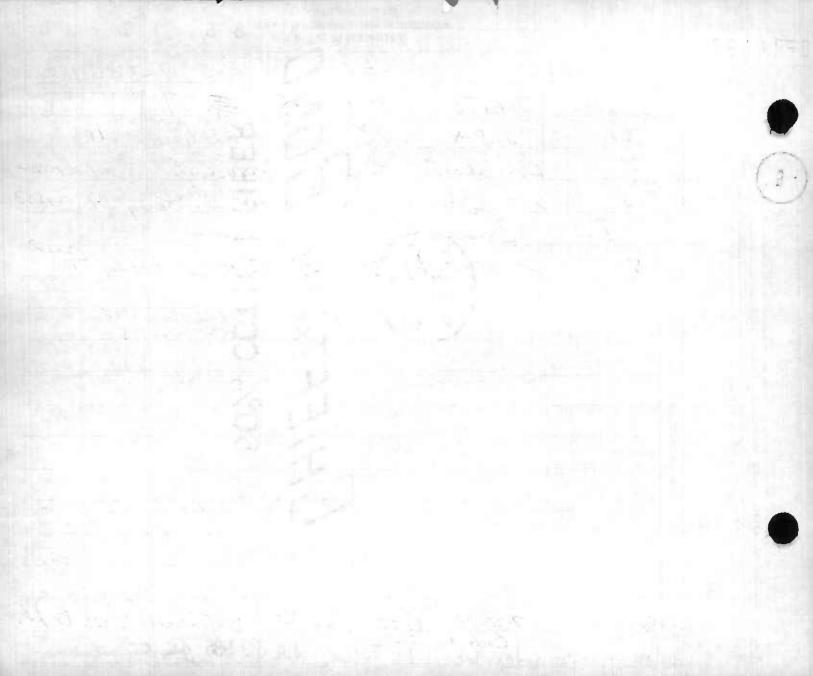
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FOR



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2	1.5EX	110.	RACE	Is. Date of Birth	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
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3 10		'AS DECEASED EVER IN U.S. ARME		JRITY NO. 17 INFORMANT	ADDRESS R	innsboro, 26
Dr. for	0	ES, NO OR UNKNOWN) (IF YES GIVE W		2-5515 Charles	H. Gladney	Tillisporo, S
8		18 CAUSE OF DEATH Enter only	and some parting for (a) the or			APPROXIMATE INTERV. BETWEEN ONSET AND D
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14	4	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR		
1	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		COUNTY ST
Y.	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE,	FARM ETC) STREET	CITY OR TOWN	COOMIT
0		22a I certify that (1) (this haspital	1) attended the deceased from	7-7-46 19		, 19 8 6 , that (1) (w
12		saw the deceased alive on	7-8-19	%6 , and that in (my) (aur) apinian	death accurred on the date and h	naur and fram the causes stat
1		abave, (1) (we) (did) (did not) y	view the bady after death.	DEGREE		22c. DATE SIGNED
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IMPOSTANT	23a. E		23b. DATE 23c	NAME OF CEMETERY OR CREMATORY hurch Cemetery	23d LOCATION CITYORTOWN Winnsboro	South Carol

N. C. Strate and A. C. Strate and C. Strate BE A Summer



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certifical objects of the contending physician. We this certificate has been signed by the attending physician in the please remove corbang in hand Mental Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other traumottic every content to the property of the	Z		ellitus	ON KIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR CON	DITION GIVEN I	NPARLITO	
Company in the compan	CERTIFICATION	190 DATE OF OPERATION		DITION FOR WHIC	H OPERATIO	N WAS PERFORME	ED	200 AUTOPSY?	20b. IF YES, WI	RE FINDINGS USI	ED.
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F 2 - 5 - 7	230.	BURIAL, CREMATION, REMOVAL	236 DATE	23¢	NAME OF C	EMETERY OR CREA		23d LOCATION CITY OR TOWN	co	unty	STATE
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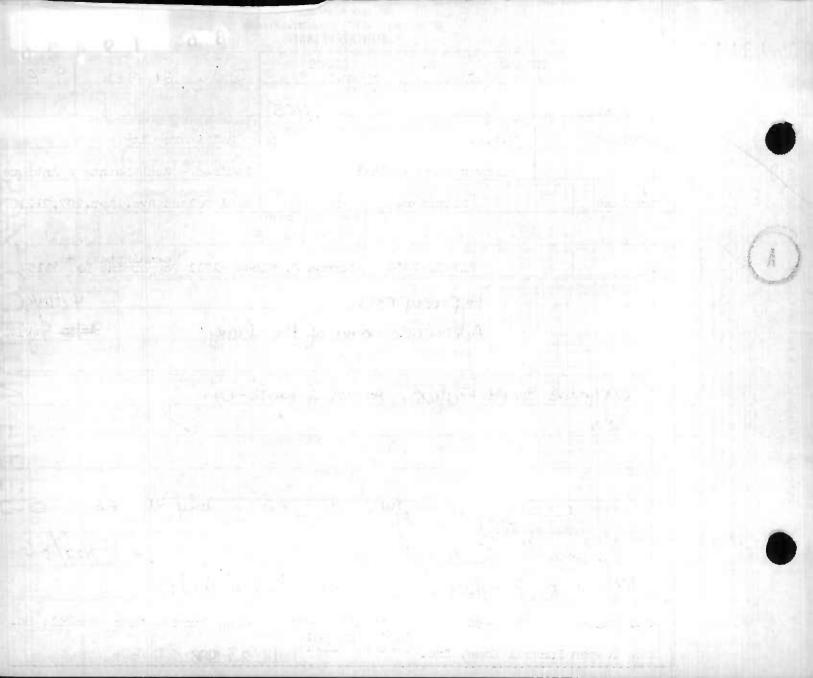
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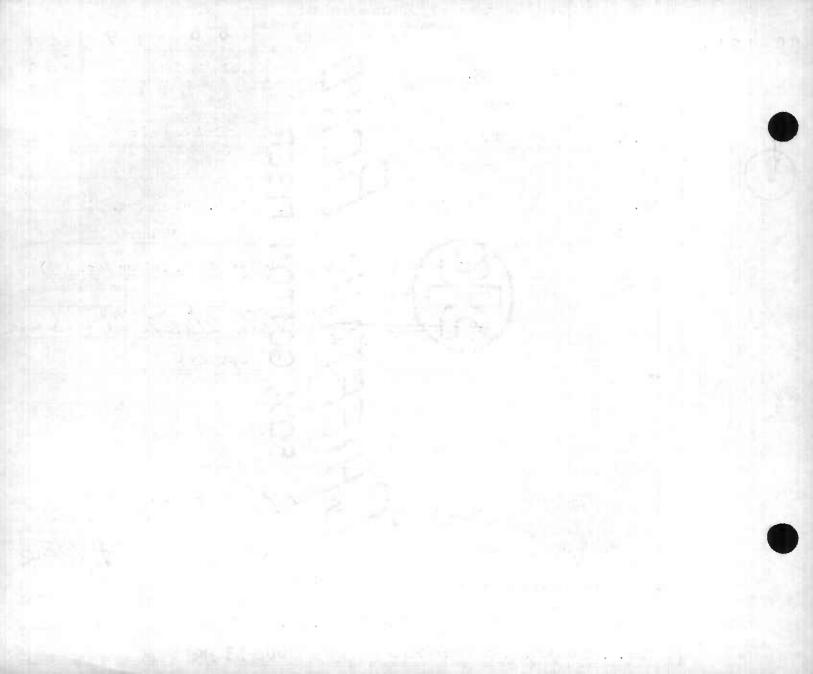
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH GERARD (TYPE OR PRINT) A. GLOSS 198 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS, AST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR . BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED COUNTRY Maryland U.S.A. DIVORCED X Baltimore City WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY University Hospital Retired - Real Estate & Antique SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Baltimore 4401 Roland Ave., Apt. 207, 21210 Maryland YES X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE MAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** 166 SOCIAL SECURITY NO 17. INFORMANT Jerome J. Gloss -1711 Peppermint La. 21157 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-26-7686 18: CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HUDERCAD NEC DUE TO, OR AS A CONSEQUENCE OF denocarcinana o Conditions, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? None NO 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) This hospital attended the deceased from 86 , and that in (my Cour)opinion death occurred on the date and hour and from the causes stated saw the deceased alive on above, (1) (we) (did) (did not) view the boo 22c. DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY (SPECIFY) Entombment Glen Burnie, Anne Arundel, Md. 7-24-86 Cedar Hill Maus. 24 FUNERAL DIRECTOR 1050 York Rd 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Towson, Md21204 Ruck Towson Funeral Home, Inc. (VRA 15, 4) Tidia Davidson Bandalle



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME 7h HOUR (TYPE OR PRINT) 10:52A Ossie GLOVER July 8, 1986 I. 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF LINDER TYPAR IE UNDER 2.1 HRS YEAR 678/96 Female Black 90 TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City N.C. USA WIDOWED DIVORCED T IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Maruland General Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YES THE NO 529 N. Fulton Ave. MD. Baltimore 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Emma Walker ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 219-34-0568 Michael Walker 529 N. Fulton Ave. (23) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DE ATH WAS CAUSED BY-Cardiac arrest IMMEDIATE CAUSE (0)_ Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO **IFICATION** 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 211 LOCATION MEDI 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 77x L certify that (X) his haspital) attended the deceased from. 10 6 (ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated the body after death 77b SIGNOLTURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN THE PRYSICIAN'S NAME THE CHANGE University of Maryland Hoapital James McPhillips, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL CREMATION, REMOVAL CITY OR TOWN (SPECIEY) COUNTY STATE Arbutus Mem. Pk. Burial 7/12/86 Arbutus Md. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 FSPA 1300 Eutaw Place (VRA 15, 4) Chas.A.Rice who was broken the



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME SADYE GOLDMAN JULY 25, 1986 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY 3 SEX IF UNDER LYEAR MONTAPRIL 2, 1893 93 FEMALE CAUCASIAN BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED NEW YORK U.S.A. BALTIMORE CITY WIDOWEDXX DIVORCED [CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR HOME BALTIMORE PARK HEIGHTS AVE., APT. 807 130. SIATE (21215)BALTOVN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO [] 7121 PARK HEIGHTS AVE. APT. 807 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MORRIS FIRTDA MORRIS KLATZKY 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? MR. MELVIN WEINMAN P.O.BOX 5992 (21208) 216-48-2246

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DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

7/27/86

BETH TFILOH CEMETERY BALTIMORE MARYLAND 230 DATE REC'D. BY REGISTRAR 236, REGISTRAR'S SIGNATURE

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

THE LICHTENFER ME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 20. DATE OF DEATH MONTH TYPE OR PRINTS JUAN GOMEZ JULY 7, 1986 Antonio 4. RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR White 8-11-1931 IRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY Colombia S.A. Colombia WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Medical Doctor BALTIMORE THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Carrera 13 No 89-11 Colombia Bogota 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Margario Gomez Elvira Gomez 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Juanita Gomez, Same as 13e No APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIDPULMONARY ARREST 5 MIN DUE TO, OR AS A CONSEQUENCE OF GASTRO INTESTINAL BLEEDING + ASPIRATION Canditions, if any, which gove rise to immediate DUETO, OR AS A CONSEQUENCE OF ACUTE MYELOGENOUS LEUKEMIA cause (a), stating the underlying cause lost. STYEND-OCCLUSIVE DISEASE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lice 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased from_ 19 To __ and that in (my) (and apinion death accurred on the date and hour and from the causes stated saw the deceased alive an JULY obave, (1) (wet (did) (did not) view the body after death. 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR | PHYSICIAN 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Cremation 7-9-86 Westview Balto. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 BOM 7/84 Leonard J. Ruck, Inc., 5305 Harford Rd., Balto. (VRA 15, 4)

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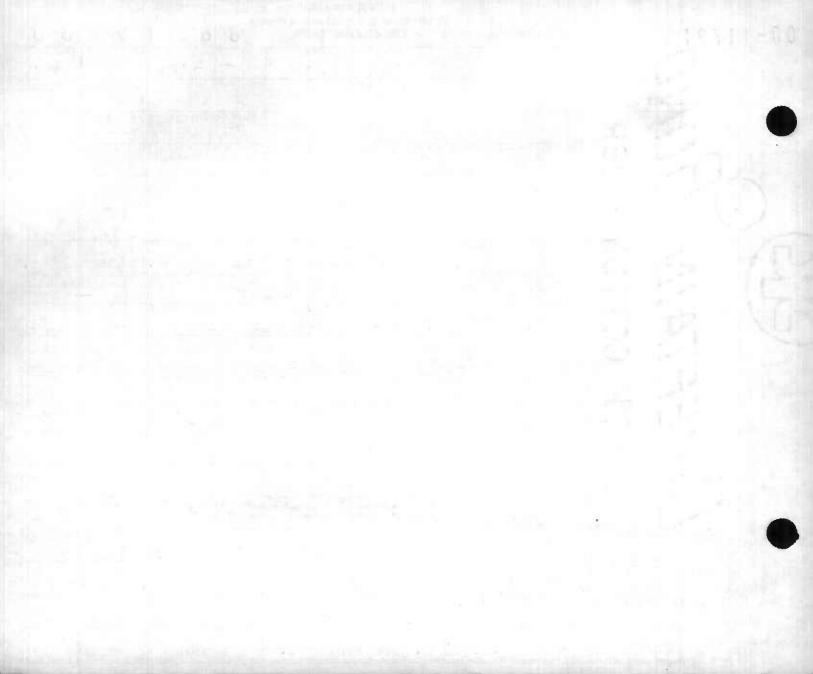
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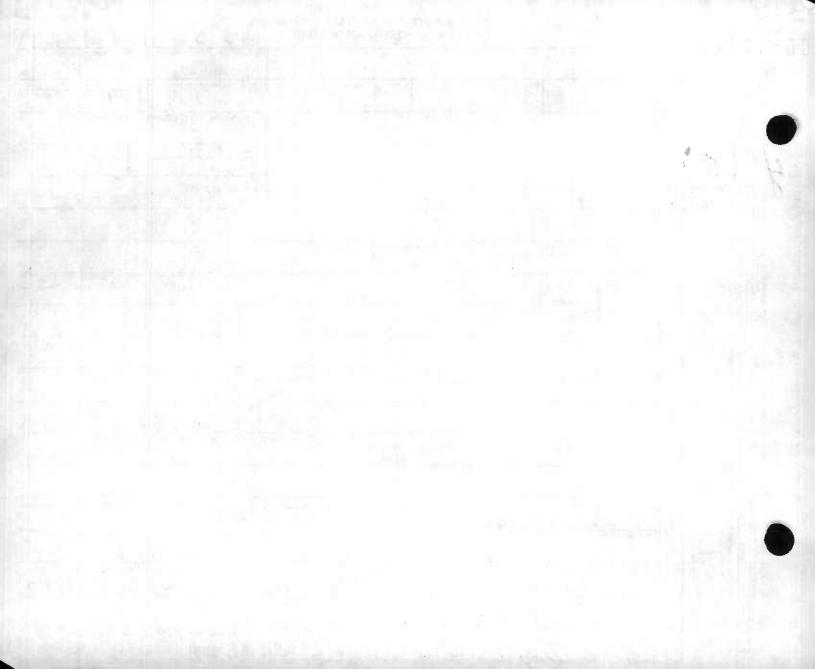
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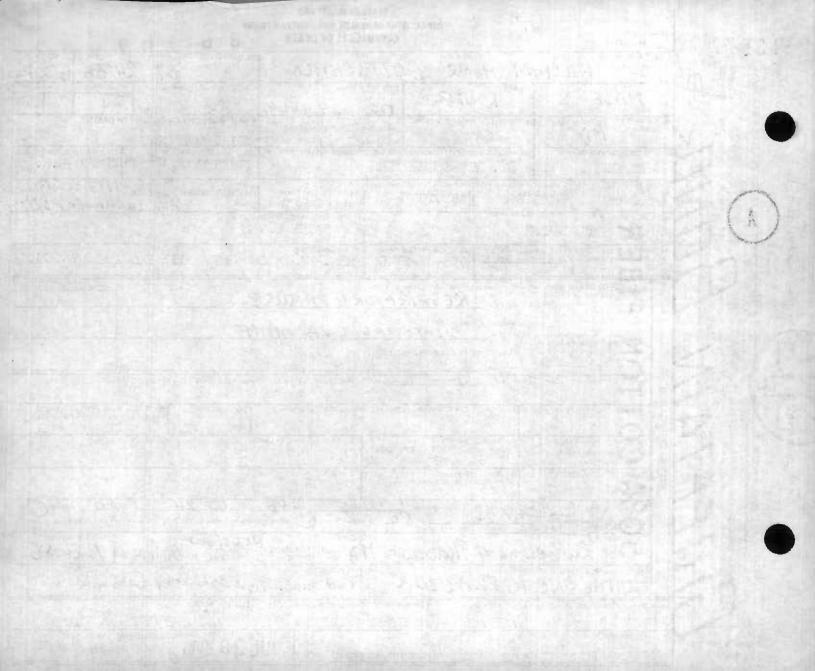
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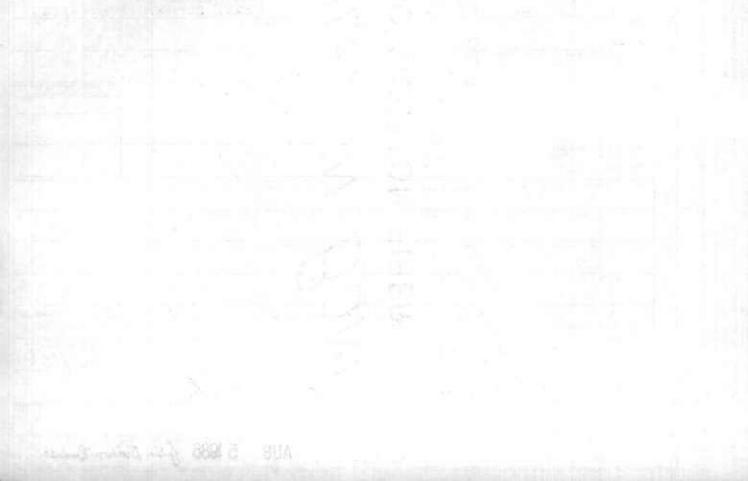
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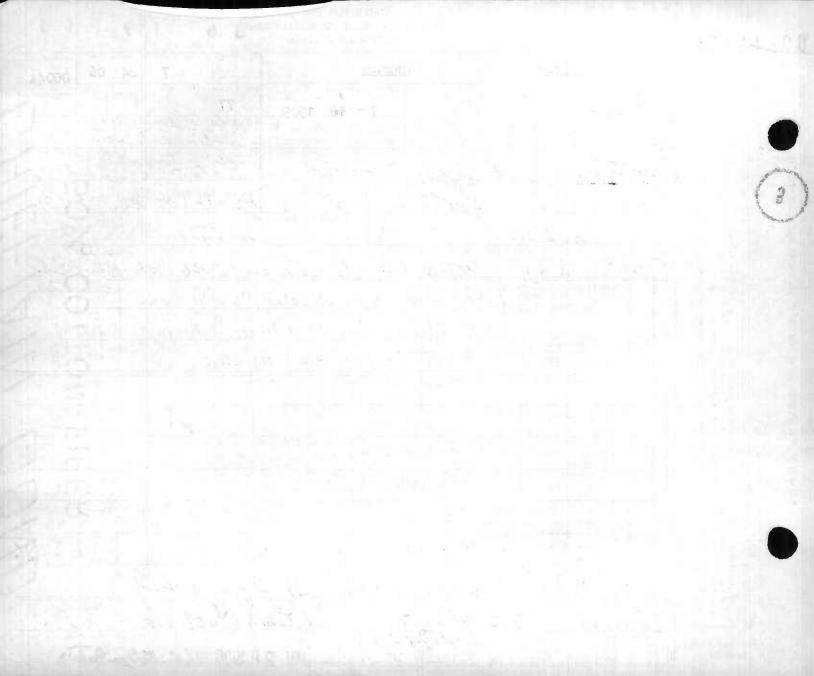
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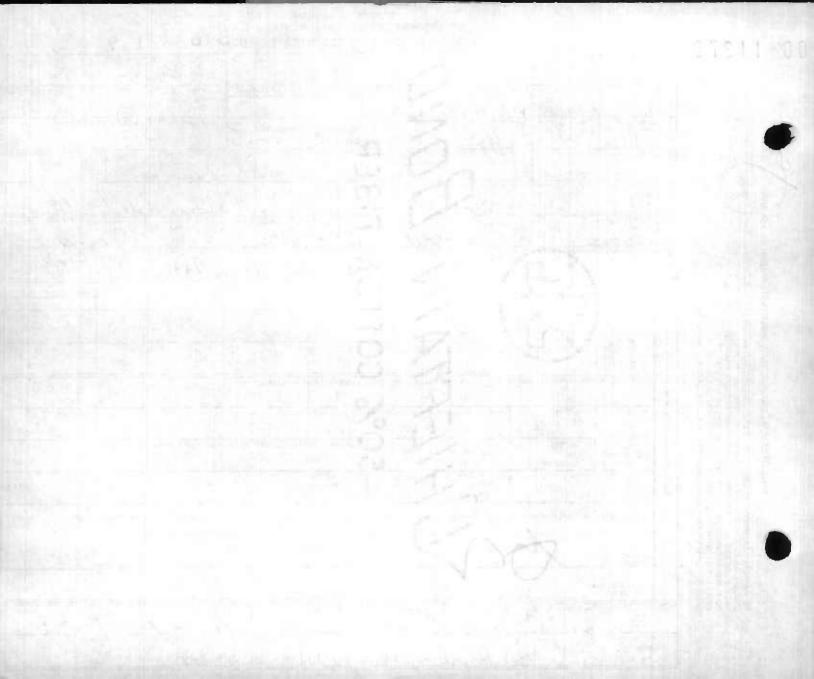
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2 122			Wash.	Smithsburg	YES NO XX	Rt. 3, Box 20	5 21783
1 11/1	4 FA	THER'S NAME FIRST Frank	MIDDLE	Kretsinge	15. MOTHER'S MAIDEN NA FIRST TVa	Middle Mae	Nckinsey
1 6		AS DECEASED EVER IN L				ADDRESS	
1 10 10	(Y	ES, NO OR UNKNOWN) (IF	FYES. GIVE WAR OR DATES)	218-38-1781	Mr. Walter	J. Graybill, Sm	ithsburg. Md.
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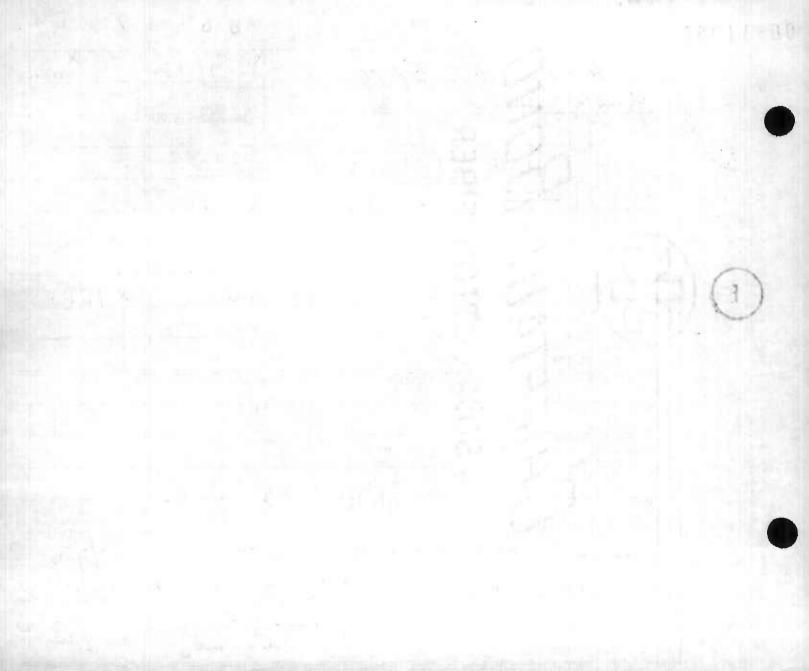
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 20 DATE KNOWN DECEASED NAME TTYPE OR PRINTS ESTI-Anthony Green DEATH MATED 4 RACE SEX & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE LAST BIRTHDAY PRONOUNCED DEAD 1986 BIRTHPLACE & BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRYL MARRIED NEVER MARRIED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Baltimore University Hospital Shock Trauma De STATE 13d INSIDE CITY LAMITS? 3a. STREET ADDRESS AL FATHER'S NAME 2 2000 9 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS TYES, NO. OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 219-80-18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last BURIAL ED AS A BURIA HEALTH AND A AL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR CERTIFICATION USED AS NER: THIS CER.
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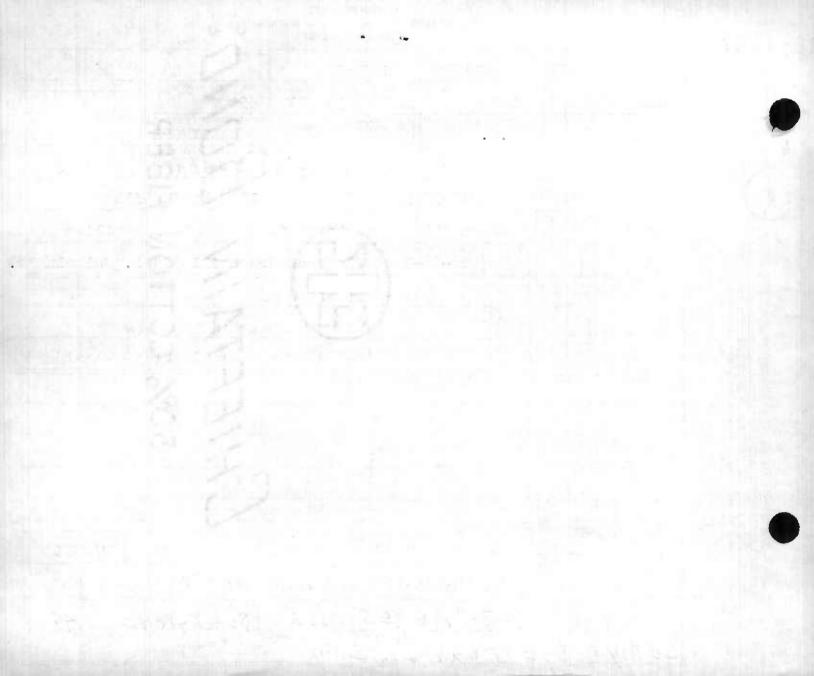
Wm.C.March Funeral Home Inc

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(VRA 15, 4)

STATE OF MARYLAND

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TEN.	OR. OR. or us f He		sow the deceaned of the pri	19.26, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
IA	DIRECTOR DIRECTOR Oched for u Dept. of He f Item 21 is		obave, (1) (we) (did (de la 22)	DEGREE 22c. DATE SIGNED
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all di ector, poge 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, should be detoched for use as the buriol-tronsit permit. Then please remove carbon poperit Pr with the State Dept-of Health and Mental Hygiene prior ta burial, cremation, or removal TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

STATE OF MARYLAND FOR STATE REGISTRAR CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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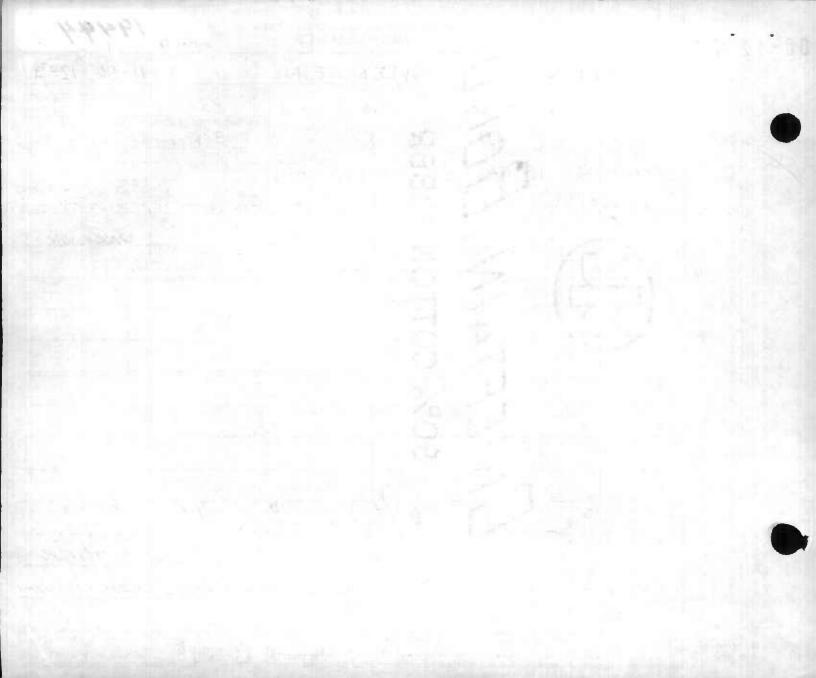
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DHMH - 16 60M 7/8 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The low retoined by the haspital or ottending physicion.

IMPORTANT: If Item 21 is morked or Item 18 shaws any injury, ar other troumatic event,



4517 PARK HEIGHTS AVENUE

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DHMH - 16 60M 7/B4

(VRA 15, 4)

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LINES IN COMM. 4517 PARK MEGIET WELL AND COMMERCED STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME KNOWI (TYPE OR PRINT) ESTI-Joseph DEATH MATED Grego 14 1986 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED B:16A White 80 Male DEAD 14 1986 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. Pennsylvania Baltimore City, WIDOWED X DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
(Soc. Security) 112 S. Carrollton Avenue Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 112 S. Carrollton Ave. Balto. Md. YES . 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE DIVISION OF V 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Unkn. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g). Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."F PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HI BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, HEAD ONLY 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A,M, MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. TIE PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 11 LOCATION STREET, FACTORY, FARM, ETC) STREET WHILE NOT WHILE CITY OF TOWN COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 7/14/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE 7-16-86 Removal 07/84 25M 24. FUNERAL DIRECTOR THE REGISTRAR'S SIGNATURE **DHMH - 17** Julia Davidson- K Anatomy Board Balto., Md. (VR A15 ME (5))



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700	ITY OR TOWN OF DEATH		IOSPITAL, NURSING FACILITY, GIVE STREET A		OR OTHER INST	ITUTION		OCCUPATE		INDUSTRY	BUSINESSOR
	altimore MD	Mercy	Hospita				Su	PERI		C.C	.PA.
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DABROWSKI-1005

DHMH - 16 60M 7/84 (VRA 15, 4)

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- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST TYPE OR PRINTS HELEN 4. RACE 1. SEX WHITE FORALE BURFIPLACE LIFTED DEFORTION 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS AGNES. HOSPITAL SUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION; 136. CITY OR TOWN BALTIMORE CATANSVILLE 13d. INSIDE CITY LIMIT CATONSVIL YES [NO | ATHER'S NAME 15. MOTHER'S MAIDEN MIDDLE FRANCIS GROENINGER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OC HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased olive on tabove, (I) (we) (did) (did nat) view the bady after death and that in (my) (our) opi 72h SIGNATURE DEGREE lid be defacts the State De ATTENDIN **PHYSICIA** MPORTANT 294 ADDRESS 22d. PHYSICIAN'S NAME ITYPE OR PRINTS 71 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

URIAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF

0/ 10/1110

REG. NO	14440
20. DATE OF DEATH MONTH DAY	86 150pm
6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS
BALTIMORE CITY OR COUNTY OF	DEATH MD.
	12b. KIND OF BUSINESS OR INDUSTRY
5? 13. STREET ADDRESS / ZIP CODE 601 MAIDEN CHOO	CE LANE
MIDDLE	LANE
WITTKAMP 2508 PAU	WEE ST. ADELEK
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morina	
TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
	/ERE FINDINGS USED NG CAUSES OF DEATH?
CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2]
CITY OR TOWN	COUNTY STATE
nian death accurred on the date and hour ar	that (I) (we) last
Resident. IG MEDICAL STAFF IN DIRECTOR PHYSICIAN [7/13186

CATHEDRAL CENSTE

Funeral Home. Inc25a DATE

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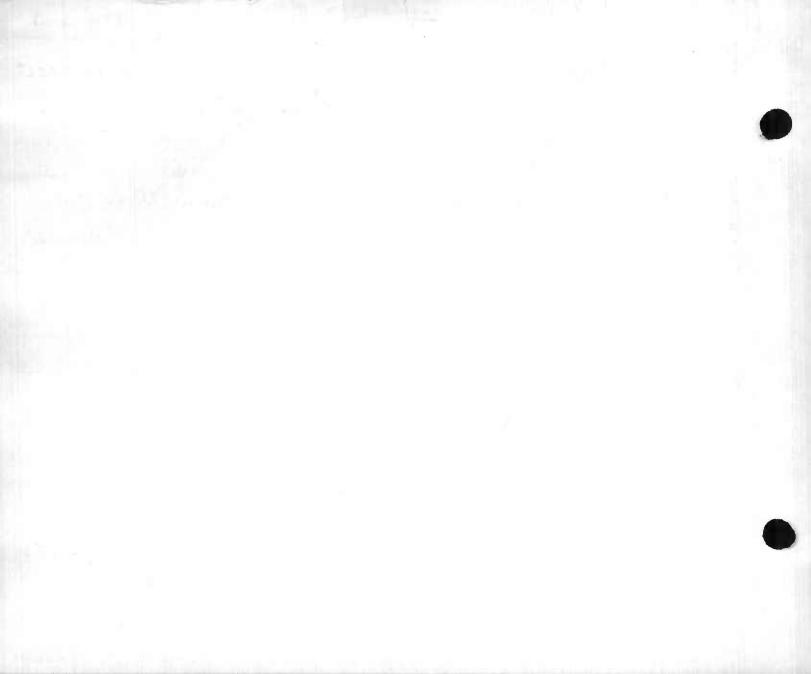
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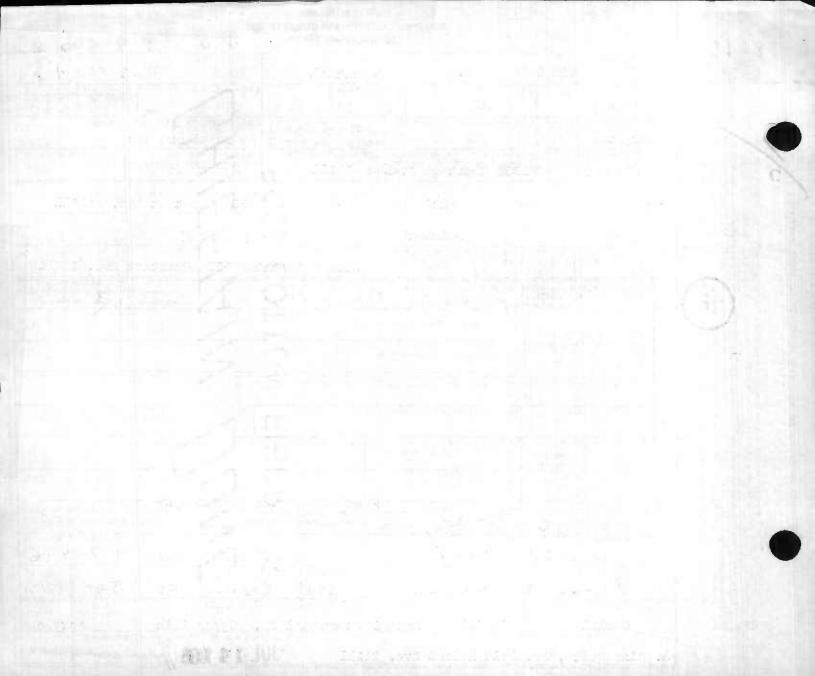
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190 A A A A A A A A A A A A A A A A A A A									
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196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 TIME OF INJURY A MONITH DAY YEAR 216 HOW INJURY OCCURRED.	20 AUTOPSY?								
196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	YES 🔯 NO 🗆								
216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED	D (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)								
O SHESSES UNDERLYING WOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH ? P.M. 7/23/19 86 Subject bea	aton								
UNDERLYING WOR CONTRIBUTING CON									
WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET Unknown Unknown	CITY OR TOWN COUNTY STATE								
THE SECOND IN TH									
22a I certify that I took charge of the remains described obave, held on Autopsy X. Inspection Autopsy X. Inspection death resulted from: Natural courses, Suicide									
death resulted from: Natural couses Academ , Suicide , Hamicide , TITLE (SPECIFY)	*								
ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL	1 MEDICAL EXAMINER SIGNED 7/25/86								
SIGNATURE M.D. ASSISTAN	11_MEDICAL EXAMINER SIGNED								
SIGNATURE M.D. ASSISTAN EXAMINER'S NAME (TYPE OR PRINT) EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 11	ll Penn St.								
230, BURIAL, CREMATION, REMOVAL 236 DATE 234, NAME OF CEMETERY OR CREMATORY	133 LOCATION								
07/B4 BP Burial 7/31/86 Baltimore	Baltimore Md.								
25M 24 FUNERAL DIRECTOR 250. DATE R	PEC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE								
Wm.C. March F/H Inc. 1101 E.North Avenue	30 1986 gelie Davidson Hondon								



3. SEX RACE S.DATE OF BIRTH A. AGE (INTERSIALS) BARROON) W. UNIGHT THAN BUSINESS W. S.DATE OF BIRTH A. AGE (INTERSIALS) BARROON) W. UNIGHT THAN BUSINESS W. S.DATE OF BIRTH A. AGE (INTERSIALS) BARROON) W. UNIGHT THAN BUSINESS W. S.DATE OF BIRTH A. AGE (INTERSIALS) BARROON) W. UNIGHT THAN BUSINESS W. S.DATE OF BIRTH A. AGE (INTERSIALS) BARROON) W. S.DATE OF BIRTH A. AGE (INTERSIALS) BARROON W. S.DATE OF BIRTH W. S.D	020	- STATE	DEPARI	MENT OF HEALTH AND MENTAL HY	GIENE 8 6	9 4 5 0
THE GREAT DRAWLD SOLIC OF BRITH SOLIC SOLIC SOLIC OF BRITH SOLIC	0.30 F					1 -1 3
SEX RACE SUBJECT S			ST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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MARRIED NEVER MARRIED SA HAMBER SA H		MALE	BUSCK		59 v	RS.
IS CITY OR TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITS USUAL OCCUPATION III. BAND OF BUSINE BUSINESS III. BAND OF BUSINESS III. BAN	5007		76. CITIZEN OF WHAT COUNTRY	AAPPIED NEVER MARRIED	9 BALTIMORE CITY OR COL	INTY OF DEATH
BATTMORE STANDAR ST	:50	MA	USA		() 11	City N
BUNDAL RESIDENCE (or Multimorrows of Colorer Institutions) (or or Colorer Institutions) (or Colorer Institutions) (12	^	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS O INDUSTRY
TATH	30	USUAL RESIDENCE (# NURSING H 130. STATE 136.	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) NN 13d. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS / ZIP	CODE Z/ALE
DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (a), stating the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 180 DATE OF OPERATION 180 CONDITION FOR WHICH OPERATION WAS PERFORMED 210, ACCORNI WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 180 DATE OF OPERATION 180 CONDITION FOR WHICH OPERATION WAS PERFORMED 210, ACCORNI WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 191 DATE OF OPERATION 210, TIME OF INJURY CONDITION FOR WHICH OPERATION 2116 INJURY OCCURRED 2126 INJURY OCCURRED 2136 INJURY OCCURRED 214 PLACE OF INJURY (AI HOME STREET, FACTORY OFFICE, FARM, ETC) 215 SKINATURE DEGREE ATTENDING ATTENDIN	250	FIRST	- 1	15 MOTHER'S MAIDEN N		Carlinh
IS CAUSE OF DEATH (Enter only one cause per line for io), (b), and (c)	8 7	160 WAS DECEASED EVER IN U	S. ARMED FORCES? 166 SOCIAL SEC		ADDRESS	Chorde
IB CAUSE OF DEATH IERITE only one couse per line lar to), (b), and (c)	9	(YES, NO OR UNKNOWN)	219-18-	3625 Coloria Gu	ude- 823	Kevin Rd.
ORCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHITE AT WORK AT WORK AT WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the causes of the deceased alive an analyse 1.5 220 I certify that (I) (this hospital) attended the deceased from the deceased from the causes of the deceased from the deceased	Then please to burial, or njury, or oth	underlying cause la	st. (c)		MINAL DISEASE OR CONDITION	N GIVEN IN PART 110
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.) 22e I certify that (I) (this hospital) attended the deceased from	out out	190 DATE OF OPERATION		A 4.	INC	ERTIFYING CAUSES OF DEATH?
21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. OFFICE, FARM. ETC.) 22e DECEMBER 22e DECEMB		OR CONTRACTOR CONTRACT	OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH [DAY YEAR 21c. HOW INJURY OCCU		m 18 PART I OR PART ?)
sow the deceased alive an	₹ ŏ /		21e PLACE OF INJURY		CITY OR TOWN	COUNTY STATE
Obove, (I) (we) (did) (did not) view the body after death. 272b. SK NATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7 25	Heoltl I is mo			97	, 10	, 19 that (I) (we) la
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7 25	E 2	obove, (I) (we) (did) (did not) view the body after death.		- do di	
22d PHYSICIAN'S NAME (179E ORPRINT) 22d ADDRESS GREENSER W. L. BELLEIGE	# H	WMC	0	MA ATTENDING		2125/01
GREENEL & BELLEVELE	Stor	22d PHYSICIAN'S NAME	(TYPE OR PRINT)		DIRECTOR PHYSICIAN D	0 1 20 1 3 4
	PORT			GREENSPRIM	of & BELVERE	26
236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	3 2	23e BURIAL CREMATION REM	OVAL 236. DATE 236		234 LOCATION	
Burial 8/1/85 New Cathedral Cem. Baltimore, Md.	-					COUNTY STATE



(VRA 15, 4)





0-12592	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	FIENB 6	1 9 4	5 4
44/100	(TYPE OR PRINT)						20 DATE OF DEATH MO		AR 26. HOUR P
1 1	SOFIE GUTMAN						JULY 9, 1	986	7:57 m
to the contract of the contrac	3. SE	× FEMALE	4 RACE WHITE	4 RACE WHITE		Y 26,1921 YEAR	6 AGE (IN YEARS LAST BIRTHE		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
● 197		RTHPLACE (STATE OR FOREK COUNTRY) GERMANY	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR	COUNTY OF DEAT	H
1		ALTIMORE	(IF NOT IN SU	HOSPITAL, NURSING HOSPITAL, NURSING HOPKIN	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION	1 12b. KIN ORKING LIFE) INDUS	ND OF BUSINESS OR HOMEMAKER
	USU 13a.	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 7	NDS AVE.	(21215)
	14 F/	FELIX	MIDDLE	KAUF	MAN	15. MOTHER'S MAIDEN NA MINNA	WIDDLE		ISRAEL
		VAS DECEASED EVER IN U YES, NO OR (NO OWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	217-18-1		ERNST GUTM	IAN 5909 S		WE. (21215)
A Section 19	AL CERTIFICATION	18 CAUSE OF DEATH (EG PART I. DEATH WAS C	nter anly ane cause pe CAUSED BY: NEDIATE CAUSE (a)	er line lar (a), (b), an	d (c+.)	ardiac A	rrest	BETV	PROXIMATE INTERVAL WEEN ONSET AND DEATH
		Canditians, if any, wh		DR AS A CONSEQUE	NCE OF	Renal Fo	vilure	2	4 hows
U		gave rise to immedia cause (a), stating to underlying cause la	he DUE TO, C	OR AS A CONSEQUE	NCE OF	Bilateral Pr	eumonia		5 days.
n vigored Then ple no bursa		44.1	HOLE OR	0	l .	NOT RELATED TO THE TERM	NIN AL DISEASE OR CONDI	TION GIVEN IN PAR	RT Ira
hos ber r permit ene pric		190 DATE OF OPERATION	196 CON		OPERATIO	N WAS PERFORMED Disense	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAL YES	INDINGS USED USES OF DEATH? NO
CLUN T Physics Toll Hyper Tall Hy		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALE)	OF DEATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM 18 PART T OR PAR	(1.2)
NG PHYSICIAN catter the certificat at the buriel-tream th ond Mental Hyri	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
TO SE AT		220.1 certify that (1) (this	ive an Jus	9 19		nd that in (my) (aur) apinian	ta July 9	and hour and from	, that (I) (we) last
AL DIRECT AL DIRECT AL DIRECT Dept of		22h. SIGNATU I	Grand (pular death.		DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIA	22c D	DATE SIGNED
O HOSPITA Mained by O FUNERA Hould be da whost and		Peter S	Greene				phins Hospital	, Dept.	of Surgery
BP		BURTAL / REMO	VAL 7/10/		R SET		23d LOCATION CITY OF TOWN JERUSALEM		STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR 6010 REISTE	SOL LEVIN	SON & BRO	ORE,	MD. (21215) J	E REC'D. BY REGISTRAR 25	REGISTRAR'S SIG	

